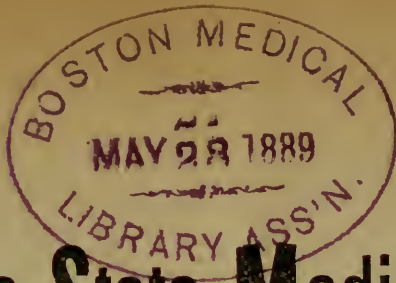


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NO. I.

ORIGINAL ARTICLES.

EXOPHTHALMIC GOITRE.

BY STELLA B. NICHOLS, M. D., DAVENPORT, IOWA.

This affection is characterized by three prominent symptoms, namely: protuberance of the eyeballs, enlargement of the thyroid body, and palpitation of the heart.

The name exophthalmic goitre relates to the first two of these symptoms. That it is defective is proven by its failure to include the increased frequency of the heart's action, which is almost invariably the initial symptom, and is the only one of the so-called symptomatic triad, which is never absent. Although ophthalmologists, like Demours, Mackenzie, Sichel and Desmarres, had already made mention of this affection, it remained for Graves to describe it as an individual complaint, which he did in 1835.

Afterwards, from Basedow giving a fuller description of it, it was known as Basedow's disease, which is the name now given to the affection by German writers. American, English and French writers have adopted the name, Grave's disease, as proposed by Trousseau. Cardiognus, Strumosus and Exophthalmic cachexia are other synonyms under which it has been known.

There are cases in which one of these cardinal symptoms is absent. The exophthalmia is the one more often wanting, the palpitation, the

goitre and the associated phenomena being the same as if coexistent with the exophthalmus. In other cases, the goitre alone is absent. It occurs more frequently in women than in men, though it is by no means confined to the former sex.

Niemeyer thinks that menstrual disorder or perhaps the lack of red corpuscles in the blood, which so often accompanies such disorder, also seems to have some part in its production, but it is altogether inadmissible to regard such disease of the vasomotor nerves as a mere part of that wide-spread disorder of innervation, which occurs in hysteria, and to attribute the relaxed state of the vessels to faulty nutrition, either of the vessels or of their nerves, proceeding from the want of red corpuscles in the blood. Indeed, Basedow's disease is not especially prevalent in cases of severe hysteria, or intense chlorosis, and in some cases even appears in persons free from both menstrual disturbance and impoverishment of the blood. Graves and his colleague Stokes, held the view that the goitre and exophthalmus were dependent on the cardiac disorder. In some particular cases the disease has been attributed to fright or other mental excitement, or traumatic causes.

Austin Flint believes that, "in view of the fact of the exophthalmia and the goitre being in the vast majority of cases, bilateral, it seems rational to suppose the pathological nervous condition to be central rather than peripheral." Aitken believes that, "the normal nutrition of the nerve-centres is impaired," and says that "palsy of the vasomotor nerves connected with the carotids, thyroid gland and heart, is the explanation given of this disease;" and that it coexists with wasting diseases, or supervenes upon them, such as leucorrhœa and menorrhagia in females, and hemorrhoids in males.

Amenorrhœa, long continued hemorrhages, want of rest, and many other similar causes, have been assigned in different cases. Dr. Stokes says, "in young women mental anxiety and the effect of terror may produce it."

Hammond does not accept the opinion that the disease is an affection primarily of the heart and the blood-forming organs, and thinks that we have no evidence to show that chlorosis or anæmia ever produces in their entirety the remarkable phenomena characteristic of Grave's disease. On the contrary, he thinks that we are justified in regarding it as an

affection of the brain and medulla oblongata, and bases his opinion on the fact that the disturbance of cardiac action, the cough, nausea and protrusion of the eyeballs, indicate the pneumo-gastric nerves as the organs through which the phenomena are manifested, and cites the absence of pupillary disturbance as one of the strongest circumstances against the hypothesis of sympathetic disorder.

In the four cases which have come under my observation, there has been uterine disease, and the sequel has seemed to prove that it was the primary cause of the disorder.

The first symptoms are usually palpitation of the heart, and habitually rapid pulse, with other signs of nervous debility. The next symptom in order is generally an enlargement of the thyroid gland with violent beatings of the carotid arteries.

Exophthalmus makes its appearance either at the same time or a little sooner or later. The palpebral fissure is widely opened, closure of the lids is infrequent and incomplete, while the upper eyelid takes but little part in the movements of elevation and depression of the eyeball.

Although these three phenomena may be said to constitute the pathological trinity of which the disease consists, there are cases in which the goitre may be almost if not entirely wanting, while in others the exophthalmus may be slight or absent.

The severity of each of these symptoms is variable. In addition to these cardinal symptoms, we may find minor manifestations, such as cough, nausea, increase of temperature, profuse sweating, hemorrhages from the lungs, nose or bowels, and sometimes œdema of the extremities. Emotional excitability is always increased. There are insomnia and various disturbances of sleep; headache, vertigo, neuralgia, mental irritability, and often depression of spirits. There may be disorder of digestion, with constipation or diarrhœa. Anæmia and emaciation are usually present, and may be coexistent with more or less mental weakness.

In women, menstruation is almost always either entirely absent or greatly diminished. There are rarely any marked disturbances of vision and the movements of the eyeball are usually normal. The diagnosis of exophthalmic goitre is rendered comparatively easy by the usual prominence of the three characteristic phenomena. The heart is sel-

dom organically affected; the protrusion of the eyeballs, although sometimes so great as to interfere materially with the closure of the lids, is not productive of pain, disorder of the globes, or impairment of vision. The enlargement of the thyroid rarely attains any great bulk as in common goitre. Loud and often musical murmurs, both arterial and venous, may be distinguished upon applying the ear to the enlarged gland.

The clinical history is an important factor in the diagnosis of the disease. Cohen tells us that the prognosis in those cases—the most frequent in which there exist no signs of organic disease in the heart or other organs, is very favorable, though a long time often passes before the characteristic features of the disease entirely disappear.

Aitken says, “the result may be unfavorable, by reason of dilatation of the heart, with diminished functional power. The patient becomes cyanotic and dropsical, with dyspnœa. Death takes place also, but more rarely, by cerebral symptoms.” Cases due to uterine disorders in which the functional derangement has not already induced organic disease of the heart, improve promptly upon removal of the cause.

Of course as a rule, recent cases yield more readily to treatment than cases of longer duration. The causes and symptoms of the disease point very definitely to the proper treatment. Rest of mind and body, and the removal of those conditions which seem to have been important elements in the first production of the disease; generous diet, change of air and scene, and in short, whatever has a tendency to invigorate the system. The excessive irritability of the heart and nervous system, demand digitalis, the bromides, and other remedies of this class. Tonics, especially iron, should be used to improve the impoverished condition of the blood. Iodine has been quite generally used in the treatment of the enlarged thyroid gland, but whether used internally or applied to the swollen gland, it appears by itself to be of little use. Carpenter has found idioform internally to be peculiarly efficacious in the treatment of this form of goitre. He ascribes the excellent results obtained to some influence on the nervous system, rather than by its resolvent properties.

Trousseau relates a case of suffocation, caused by pressure of the enlarged thyroid body on the trachea, which was relieved by the application of ice to the neck, and the administration internally of digitalis. Hammond relies upon the primary galvanic current as the principal

agent for the cure of the disease. His rule is to make the intensity of the current as great as the patient can bear with comfort. He says: One pole—a wet sponge should be placed on the nape of the neck, and the other should be stroked down the skin over the pneumogastric or sympathetic if the physician regards this nerve as the seat of the disease; it is impossible to act on one without at the same time affecting the other to an equal extent. This should be done daily for five or ten minutes. Pepper has effected a complete reduction of the thyroid enlargement, by the injection into the gland of a solution of ergotine, in addition to ergot given internally. Some of our latest writers regard ergotine as being almost a specific in this disease. Uterine troubles are to be removed, as they are believed to bear a special causative relation to the affection.

Four cases of exophthalmic goitre have come under my observation. All occurred in women, all presented the cardinal symptoms distinctly marked, all suffered from uterine lesions, and all improved more or less promptly upon instituting appropriate gynecological treatment. Of course, internal remedies were used to control nervous excitability and other annoying symptoms, during the course of treatment.

One of these cases has been particularly interesting to me, from the fact that it has been throughout a typical case. The patient, an unmarried woman, twenty-three years of age, consulted me because of amenorrhœa of seven months duration. Upon inquiry, I learned that shortly after the cessation of menstruation, she suffered greatly with palpitation of the heart and extreme nervous sensibility. A little later exophthalmia gradually made its appearance. At about the same period she began to experience some difficulty in the deglutition of solid food, and by this symptom her attention was directed to the slightly enlarged thyroid gland.

A little more than a month after the onset of the disease, she became confined to her bed by reason of nervous prostration, and palpitation of the heart. In the meantime, all of the symptoms were greatly aggravated. At the end of six weeks she recovered her strength in a sufficient degree to admit of her being up and about the house. The exophthalmia and goitre were still very noticeable, and she was much emaciated.

At this time, digestive disturbances became prominent, and for the

space of one month she vomited a large portion of her food. When this symptom was under control, there still remained constipation, alternating with occasional diarrhœa. From this time until she came under my care, her condition remained practically unchanged. When I saw her, there was violent palpitation of the heart; pulse one hundred and twenty.

The arterial excitement was not confined to the vessels in the neck, there was also increased action of the abdominal aorta. The prominence of the eyeballs was well marked, though the lids could be closed without difficulty. The eyes were suffused and red. I cannot better describe the condition of the thyroid gland than by quoting from Holmes Surgery, "It was soft, smooth and elastic, and of equal character throughout, presenting the form of the hypertrophied gland, and had rapidly developed itself to its present size—that of three or four times the magnitude of the gland in health, but it was subject to remarkable variations in this respect, according to the state of mind, rest, or palpitation.

It appeared to be highly vascular, and conveyed to the touch the sensation of an erectile tumor. There was also a purring thrill to be felt by the fingers, and a loud and sometimes musical bruit to be heard through the stethoscope." The lower extremities were œdematous. There was at times, profuse sweating; examination showed the uterus to be about two-thirds the usual adult size. The posterior lip of the cervix was elongated, and soft and flabby to the touch. There was slight erosion of the cervical mucous membrane; no discoverable ovarian difficulty. The general treatment consisted of tonics and sedatives, such as pyrophosphate of iron, digitalis, and bromide of zinc. Good results were obtained from the use of ergot. The galvanic current was applied daily, as suggested by Hammond. The gynecological treatment was directed to the relief of uterine disorder, independently of the associated phenomena. Improvement followed rapidly. At the end of two months the exophthalmus and goitre were much less noticeable, the palpitation of rare occurrence, the symptoms which usually precede menstruation, made their appearance, and with the exception of slight dyspnœa on exertion, the patient said she felt perfectly well, and discontinued further medical treatment.

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A FEW HINTS ON THE SUCCESSFUL APPLICATION OF PLASTER DRESSINGS AND THE SUCCESSFUL TREATMENT BY THE SAME OF SIMPLE FRACTURES OF THE LEG.

BY H. LANDIS GETZ, M. D., MARSHALLTOWN, IOWA.

The first thing commonly suggesting itself to be done in simple fractures, is perfect coaptation of the fractured parts. The next suggestion is retaining the parts in perfect apposition. The devices and appliances for this purpose are numerous. The young surgeon just starting out is at something of a loss to know just what appliance to select, that he may be assured always the best results.

The plaster dressing recommends itself : *First*, because by it can be made the requisite extension and counter-extension. *Second*, It adapts itself with uniformity to the parts and therefore holds in apposition the fragments, as well as any other dressing, and much better than many others. *Third*, When of proper condition and properly applied, it soon hardens and retains its form. *Fourth*, It admits of the patient's going about with comfort in from eight to fourteen days after receipt of the injury. *Fifth*, By opening the case over the anterior part of the leg, it can be adjusted as becomes necessary.

The plaster used must have the properties of hardening quickly, and a little attention in the way of test of plaster before preparing the bandages may save the surgeon much time and annoyance after the bandages have been applied, for if the plaster is old, it will not readily harden unless it is thoroughly baked in an oven before using it. The material used for bandages should be a cheese cloth or a very cheap, coarse meshed muslin. The plaster should be well rubbed or pressed into the meshes and heavily and evenly applied.

Application of the bandage.—Administer anæsthetic, especially important, if patient is very muscular, in order to get proper extension and counter extension. If possible, have at least one physician to aid you; place your bandages in a basin of water; now have some one grasp and

hold the leg at the knee ; grasp the foot yourself, reduce and adjust the fracture, satisfying yourself that the broken ducts are in perfect apposition so far as you can. Now, if possible, have a competent surgeon to hold the foot, you seeing that the necessary extension and counter-extension, as well as perfect steadiness of the limb is maintained, while you apply first a simple light (without plaster) roller bandage evenly to the foot and leg, high as knee. This will serve to keep the plaster from sticking to the leg, and furnish an equable and yielding support to the leg after the cast has been cut, to allow of the unavoidable swelling, which may follow, and it is also an advantage while cutting open the cast, which I prefer to do, over the front of the leg, with a heavy cartilage knife, in from twenty-four to thirty-six hours after the application of the splint; having now applied the common roller, begin the application of the plaster bandages, applying them smoothly and with just enough tension to lay them evenly. A light layer of cotton should be placed over the malleoli instep and over seat of fracture, (over the latter only, if there is disposition to protrusion of bone) the bandages must be applied from toes to knee; over each layer of bandage, should be rubbed evenly some dry plaster, and the hand then dipped into a strong salt water, and the same smoothed over. The case should be made from three-eighths to one-half inch in thickness, depending upon age and muscular condition of patient.

The extension and counter-extension as well as perfect apposition, must be carefully maintained until the case has sufficiently hardened so that its form cannot be changed by the weight of the leg, to accomplish this, the limb must be held at the knee and foot, as while applying the bandage.

Should the toes in twenty-four or thirty-six hours become cold and numb, and the patient complains of numbness and pain in the foot or leg, then cut the cast from toes to knee over the front of the leg. Now press the splint away from sides of leg, being careful not to disturb the ends of the bone, for by doing this, or leaving the cast open too long, will result in a contraction of the muscles and a consequent displacement of the fracture, especially is this liable to occur if the fracture be an oblique one. Do not cut the simple roller which is applied closely to the leg, unless there should be positive evidence of strangulation of the limb

from it, ordinarily it is sufficiently yielding to admit of all unavoidable swelling, and at the same time serves as an excellent splint to the parts, and also protects the skin from particles of the plaster coming in direct contact with it, and thus prove a source of annoyance to the patient. Bring the splint together by pieces of roller bandage, passed under the outside of splint, and tied over either side on front of case, having first placed a layer of cotton or strip of four or six thicknesses of linen or muslin over the front of leg and foot, inside of splint, to avoid creasing by cut edges of splint; the bandages should be placed at short intervals, and adjusted as indicated, this adjustment may be made daily, without in any way disturbing the fracture. At the end of eight or ten days the inside bandage on leg should be cut, the leg carefully examined, and any trifling deflection of fracture remedied, by proper padding or compression. The case should then be firmly brought together with the strips or pieces of bandage, the same tied firmly in knots on either side (in front) of splint. The leg can then be elevated by any person, when you should apply a plaster roller firmly over the entire case from foot to knee, cutting the knots from the strips of bandage just in advance of the plaster roller you now apply. Should the limb shrink so that the case seems in any degree loose, another plaster roller may be applied over the first at any time indicated. The foregoing, applies where there is no swelling of the limb at the time of application of the splint. The same rule, however, applies in cases where there is much swelling of the limb at time of application of splint, except that in the latter event when the swelling subsides, it will become necessary to remove a strip of the plaster case from toe to knee, to admit of the requisite degree of support and pressure being made after the limb assumes a normal or less than normal dimension. With a plaster case thus applied, there should be no bad results from simple fractures of the leg.

MEDICO-LEGAL.

CLASSIFICATION OF MENTAL DISEASES AS A BASIS OF INTERNATIONAL STATISTICS OF THE INSANE.

BY JENNIE M' COWEN, A. M., M. D., DAVENPORT, IOWA.

The movement which is now in progress in alienist circles looking toward some sort of an agreement among the alienists of the world as a basis for uniform statistics, is an exceedingly interesting one. Something in this direction has been done in previous years by the British Medico-Psychological Association, by some of the societies of the United States, and especially by some of the distinguished superintendents of American hospitals for insane. The present effort, however, was inaugurated by the Society of Mental Medicine in Belgium, and as the whole subject is one of great interest to the profession of Iowa, I present herewith to the readers of the *Reporter* an abstract of the proceedings of the various societies as reported from time to time by the Hon. Clark Bell, in the *Medico-Legal Journal*.

In January, 1885, the Society of Mental Medicine of Belgium decided to hold in Antwerp, at the time of the International Exposition, a three or four days session devoted to the investigation of questions connected with psychiatry and neurology, and appointed a committee to invite foreign societies and alienists to unite with them. This committee issued a circular announcing an International Congress of Psychiatry and Neurology, to be held in Antwerp, Sept. 7th, 8th and 9th, 1885, and that two questions would be made the subject of discussion.

1. The establishment of a common international basis of statistical knowledge relating to the insane, upon which Dr. Lefebvre, Professor of the University at Germain, would make an extended report; and

2. The relation between Crime and Insanity, on which Dr. Semal, of the Asylum at Mons, would make a full report, and both of which would be the subject of discussion.

An invitation to attend this meeting was formally extended to all persons interested in these questions, whether alienists, physicians, magistrates, or criminal jurists, and to the presidents of medico-psychological, medico-legal and other societies, as well as to the editors of journals interested in these questions. This invitation was sent throughout the world.

At the time specified, the Congress was held at the Hotel de Ville, and was attended by the most distinguished alienists of England, Ireland and Scotland, France, Germany, Russia, the Scandinavian countries, Austria, Holland, Belgium and South America. United States alone, of almost all the scientific world was not represented. The New York Medico-Legal Society had elected delegates, but none of them were able to attend.

After the usual complimentary addresses and several other papers, M. le Prof. Lefebvre, read his report on "The Best Basis of International Statistics Regarding the Insane," the salient points of which were, as follows: A good classification of mental diseases is the preliminary and indispensable condition of reliable statistics. A classification comprises two distinct operations. *First*, it is necessary to define the various morbid types, and impose appropriate names; this is definition and nomenclature; *second*, to group these types in reference to their affinities; this is classification properly so-called. Without attempting a complete classification, a certain number of morbid types should be selected under which should be grouped the various sub-divisions necessary to form a perfect table. The types which in his opinion, might be generally accepted were

Idiocy.

Cretinism.

Paralytic Insanity.

Dementia.

Insanity produced by toxic agents.

Mania.

Melancholia.

Recurrent Insanity.

These various forms naturally divide themselves into two groups; the first five forms reveal definite *anatomico-pathological* conditions, and constitute a distinct class which may be designated as *Organic Insanity*. The three others are characterized by nervous and intellectual disturbances of obscure origin, and may be classed as *Nervo-Physoces*.

Statistics should be collected on the following general plan:

1. The number of insane in a given country or state, and the ratio of insane to the total population.
2. The causes in general and so far as possible, the particular kind of insanity.
3. The duration of the malady.
4. Whether curable or incurable.
5. Its mortality.

A spirited debate ensued, participated in by Guttstadt of Berlin, Ramaer of Holland, Hack Tuke of England, Morel and Semal of Ghent, Christian of Charenton and Magnan of Paris and others. A number of classifications taught by as many illustrious alienists, were passed in review, but none of them have been wholly accepted even by the alienists of a single country, much less of the entire medical world. In view of this divergence of opinion, it was thought best not to propose or press the adoption of any classification upon an assembly that could give the subject but a few hours consideration, and the Congress finally decided to nominate an International Commission charged to elaborate a classification of mental diseases.

The following gentlemen were designated to serve on such commission:

D. Hack Tuke, for England, Guttstadt for Germany, Benedikt for Austria, Magnan for France, Steenberg for Scandinavia, Mierzejewski for Russia, Ramaer for Holland, Sola for South America, Clark Bell for North America, Wille for Switzerland and Andrea Verga for Italy.

The members of this commission were requested to obtain the views and co-operation of the societies of their respective countries interested in these subjects, and to communicate the result of their labors to the Belgian Society of Mental Medicine.

Clark Bell, Esq., the member of the commission for North America, is an ex-president of the New York Medico-Legal Society, and a jurist who for a number of years has been a close student of the Medico-Legal

aspects of insanity. Mr. Bell caused a translation of Prof. Lefebvre's paper, the proceedings of the Congress at Antwerp, and the letter of the Belgian secretary requesting him to obtain the co-operation of American alienists to be forwarded to the several learned and scientific bodies in the United States and Canada, and called the attention of the American, Canadian and Mexican governments to the desire of the Belgian Society and requested their co-operation.

In the New York Medico-Legal Society, the whole subject matter was referred to a committee of seven who were to examine the same and report to that body. The president, Prof. R. O. Doremus, named as such committee:

Dr. A. E. McDonald, of the New York city Lunatic Asylum.

Mr. Clark Bell, of New York.

Dr. Jennie McCowen, of Davenport, Iowa.

Dr. Ira Russell, Superintendent Insane Hospital, Wichendon, Mass.

Dr. Stephen Smith, State Commissioner of Lunacy, New York.

Dr. W. R. Birdsall, New York.

Dr. T. H. Kellogg, New York.

A number of American societies having notified Mr. Bell of their election of delegates to represent them, a meeting was called at Saratoga, New York, on Sept. 8, 1886. The following societies were represented:

The Medico-Legal Society of New York—Dr. Pliny Earle, of Northampton, Mass.; Dr. Alice Bennett, Hospital for Insane at Norristown, Pa.; Dr. C. H. Hughes, editor *Alienist and Neurologist*, St. Louis.

The National Association for the Protection of the Insane and the Prevention of Insanity—Dr. Charles K. Mills, Philad; Dr. J. C. Shaw, Supt. Flatbush Asylum, N. Y.

The American Association for the Cure of Inebriety—Joseph Parrish, M. D., Burlington, N. J.; T. D. Crothers, M. D., Hartford, Conn.; Dr. Albert Day, Boston, Mass.

The Society for Promoting the Welfare of the Insane—Dr. Henry R. Stiles and Edward P. Wiley, Esq., both of New York City.

The Association of Medical Superintendents of American Institutions for the Insane. Dr. C. H. Nichols, Bloomingdale Asylum, N. Y.; Dr. H. P. Stearns, Retreat for the Insane, Hartford, Conn.

Massachusetts Medico-Legal Society—F. Winsor, M. D., President; Ira Russell, M. D., both of Winchester, Mass.

American Academy of Medicine—Dr. E. W. Cushing, Boston; Dr. A. D. Rockwell, New York; Dr. P. N. Connor, Cincinnati, Ohio.

New England Psychological Association—Dr. J. P. Bancroft, Concord, N. H.; Dr. Wm. B. Goldsmith, Butler Hospital, Providence, R. I.; Dr. Walter Channing, Brookline, Mass.

American Social Science Association—F. B. Sanborn, Secretary, Concord, Mass.; Prof. Wayland of Yale College and Hon. Carroll D. Wright, of Bureau of Statistics, Boston.

Medico-Chirurgical Association of Canada—Dr. Henry Howard, Montreal; Dr. James Stewart, McGill University, Montreal.

Ontario Medical Association, Canada—Dr. Buck, Supt. Insane Asylum, London, Canada; Dr. C. K. Clark, Supt. Insane Asylum, Kingston, Canada.

Dr. Pliny Earle, the Nestor of American Alienists, was chosen as chairman of the conference, Dr. H. P. Stearns, of the Hartford Retreat for the insane, as vice-chairman, and Dr. Walter Channing, of Insane Hospital at Brookline, Mass., as secretary.

At the request of the chair, Mr. Bell stated the history, nature and purpose of the conference, read the list of eminent alienists and publicists who had been invited, and a large number of letters from such as were unable to attend, expressing their interest in the subject, and many of them containing suggestions as to the labor before the conference.

The various plans submitted by the different members of the international committee in Europe, as reported already to the Belgian Society were carefully considered, discussed and compared with each other. Plans were submitted by Drs. Mills, Stearns and Channing.

A general discussion followed, participated in by Dr. Pliny Earle, Dr. J. P. Bancroft, Dr. J. M. Carnochan, Dr. Walter Channing, Dr. Henry P. Stearns, Mr. Clark Bell, Dr. B. W. Fletcher, of the Indiana State Hospital, F. B. Sanborn, of Boston, and Dr. Ira Russell and others.

The following conclusions were reached by the conference:

1. That the proposed classification should be framed with special reference to its practical use, for the purpose of securing a uniform basis for International Statistics of the Insane.
2. That it was not deemed desirable to make a complete, detailed scientific classification of insanity, which should embrace all known

forms or subdivisions of the insane, but as simple a classification as could well be framed for the purpose we had in view, viz: that of securing a basis for uniform International Statistics, that should be representative of American thought under our present knowledge of the science.

After a full discussion, the following plan was adopted:

1. Mania. *a.* acute; *b.* chronic; *c.* recurrent; *d.* puerperal.
2. Melancholia. *a.* acute; *b.* chronic; *c.* recurrent; *d.* puerperal.
3. Primary delusional insanity (monomania).
4. Dementia. *a.* primary; *b.* secondary; *c.* senile; *d.* organic; (tumors, hemorrhages, etc.).
5. General paralysis of the insane.
6. Epilepsy.
7. Toxic insanity (alcoholism, morphine, etc.).
8. Congenital mental deficiency. *a.* Idiocy; *b.* imbecility; *c.* cretinism.

This report was submitted to Mr. Clark Bell, the member of the International Committee for North America, and has been by him transmitted to the Belgian Society.

So far as reported, other countries have submitted classifications as follows:

ENGLAND.

1. Mental Alienation. *a.* congenital or acquired; *b.* idiocy, imbecility and cretinism—with epilepsy and without.
2. Epilepsy.
3. General paresis.
4. Mania. *a.* acute; *b.* chronic; *c.* recurrent or periodical; *d.* a potu; *e.* puerperal; *f.* senile.
5. Melancholia. *a.* acute; *b.* chronic; *c.* recurrent; *d.* puerperal; *e.* senile.
6. Dementia. *a.* primary; *b.* secondary; *c.* senile; *d.* organic; (tumors, hemorrhage).
7. Chronic delirium (monomania).
8. Moral insanity.

AUSTRIA.

A. Simple mental disorder.

1. Acute. *a.* melancholia; *b.* mania; *c.* insanity; *d.* primary imbecility.

2. Chronic. *a.* primary insanity; *b.* intermittent mental disease; *c.* secondary mental disease.

B. Complicated mental diseases.

- { 1. Paralytical.
- { 2. Epileptical.
- { 3. Hystero-epileptic.
- { 4. Mania.

C. Toxic.

- { 1. Alcoholic.
- { 2. Other toxic agents.

D. Individuals needing watching, (attempts at suicides, crimes, etc.).

SCANDINAVIA.

1. Acute mania. *a.* melancholia; *b.* stupidity; *c.* mania.

2. Chronic mania. *a.* chronic melancholia; *b.* dementia.

3. Degenerative mania. *a.* monomania; *b.* hypochondria; *c.* hysteria;
d. recurrent insanity; *e.* moral insanity.

4. Alcoholic insanity. *a.* delirium tremens; *b.* chronic alcoholism;
c. periodic dipsomania.

5. Paralytic insanity.

6. Epileptic insanity. *a.* epilepsy; *b.* mania transitoria.

7. Idiocy. *a.* imbecility; *b.* idiocy.

SWITZERLAND.

1. Psychoses congenital. *a.* idiocy; *b.* imbecility.

2. Psychoses simple.

3. Psychoses organic. *a.* paralytic; *b.* senile; *c.* other.

4. Psychoses epileptic.

5. Psychoses by intoxication. *a.* alcoholic; *b.* other.

ITALY.

Mental Alienation.

A. Congenital. *a.* imbecility; *b.* idiocy; *c.* cretinism.

B. Acquired.

1. Mania. *a.* with fury; *b.* without fury.

2. Monomania. *a.* intellectual; *b.* emotional.

3. Melancholia. *a.* simple; *b.* with stupidity.

4. Dementia. *a.* primary; *b.* secondary.

5. Mania. Double or recurrent.

6. Moral insanity.

7. Psychoses complicated with. *a.* Sensory psychoses; *b.* hypochondria; *c.* hysteria; *d.* puerperal insanity; *e.* epilepsy; *f.* alcoholic; *g.* pellagrous psychoses; *h.* paralysis; *i.* senility.

FRANCE.

Dr. Magnan advised the collection of reports from institutions on a plan which would leave out all questions of etiology, curability and mortality. The form of inquiry suggested by him enumerates the following subdivisions: idiocy, simple dementia, mania, melancholia, insanity, (acute or chronic), moral insanity, recurrent insanity, mental alienation complicated with paralysis, epilepsy, epileptic hysteria, tumors and cerebral injuries, mental alienation by intoxication.

RUSSIA.

The society of Psychiatry of St. Petersburg has named a commission of nine members to make a report in conjunction with the statistical bureau of the ministry of the interior. But no report will be presented until after the Congress of Russian Alienists, which will meet in October.

German, Holland and South American reports have not yet reached us.

REPORTS OF CASES.

BILIARY FISTULÆ.

BY W. W. GRANT, M. D., DAVENPORT, IOWA.

The subject of biliary fistulæ is necessarily and inseparably connected with gall stones, their chief and almost only cause. The following case I have thought of sufficient interest to relate. Mrs. M., aged 70 years, I was called to see on June 24, 1881. I ascertained that she was subject to attacks of bronchitis with asthma of variable duration; was suffering now from pain in right side over region of liver, and from slight fever of intermittent character—neither pain nor fever being severe. On physical examination I found a uniform enlargement of liver, and I treated her for hepatitis, seeing her twice a week for the next five weeks. She improved so much, the area of dullness over liver seeming also to diminish, that I dismissed the case and was not called again until January 17, 1882, when I found the patient suffering from cough, pain in left side over lung, and difficult breathing and fever. The lower lobe of left lung was congested and everything indicated the first stage of pneumonia. There was also much disturbance of stomach, flatulence, some pain over pit of stomach and liver. The area of dullness over liver had evidently diminished, and while I could discover no distinctly circumscribed tumor, yet there was unnatural hardness to the right of and below the epigastrium, evidently connected with the liver. The patient was given laxatives, quinine and stimulating expectorants for the cough, the expectoration becoming profuse, being thick and tenacious. Very naturally my attention was directed to the association sometimes existing between abscess of liver and resulting disease of lower lobe of lung.

The patient soon improved and was sitting up, and dismissed in a week.

On February 17th, three weeks later, I was again called, and my attention was now called to a discharge of pus from the umbilicus. I found the umbilicus prominent—rather pointed—and a discharge of pus and mucus from it. Examination with probe, patient on back, showed a sinus running obliquely backwards, to the right and slightly upwards a distance of five inches in direction of the gall bladder and under on posterior surface of the liver. A tumor as large as a man's fist could now be defined, closely identified with, if not a part of the right lobe of the liver, and filling the space previously alluded to, to the right of epigastrium and umbilicus, and terminating at the umbilicus laterally, but extending a short distance below its level on the right. I inserted a rubber drainage tube, washed out the abscess daily with antiseptics. The tube was kept in place with rubber plaster compress and abdominal binder.

This was the culmination of the disease of the liver which I was called to treat the June previous. Several years before treating this patient she had a severe attack of colic, which was soon followed by an attack of lungs, as already described. The drainage tube was used for a year. The swelling or tumor gradually and finally, in course of a year, disappeared, so that it could not be felt. The umbilicus gradually retracted, and the sinus was shortened chiefly in this way, as it manifested little disposition to heal from the bottom. On the twenty-first of October, 1882, I removed, by crushing, a small gall stone from the fistulous track. This left no doubt as to the origin of the abscess.

The drainage tube, on account of its difficult insertion, due to contraction of the walls of the sinus, was laid aside, a tent of antiseptic gauze used for drainage. This was continued until within a year, when on account of continued contraction of the canal, it was discontinued, and a simple pad of oakum or gauze applied to the opening. Frequently since the opening of the abscess I found it necessary to enlarge the opening and anterior part of the sinus to secure good drainage.

During every winter and spring since the fall of 1881, the patient has had one or two attacks of bronchitis, attended with shortness of breath, wheezing respiration and disturbance of one or the other lung—generally the lower lobe of the left—the sputa *sometimes* streaked with blood, but hepatization of lung never occurring. The sputa was generally

odorless, never contained bile or shreds of liver tissue, and never of that peculiar chocolate color characteristic of abscess of liver.

Neither was there at any time any physical signs of cavity *in*, or pus track through, the lungs. Many times in the last two or three years the flow of bile through the fistulæ would entirely cease for a few days, and sometimes for a week or two, but a discharge of mucus was constant, though generally in association with bile of a bright yellow color. Digestive disturbances always followed a cessation of the flow of bile through the fistulæ if continued a week or more.

The past winter her health has been very good. In April she had an attack of acute indigestion, attended with some nausea, which lasted only a few days. It was noticed that the fistulæ was gradually discharging less. On May 11th she was taken quite severely ill, and sent for me. She was suffering from nausea, some pain in left side, and cough, due to bronchitis. All discharge from fistulæ entirely ceased, bowels constipated and feces of a light clay color. She continued in about this condition, sometimes better and in a day or two worse, until June 13th, when she had a chill, followed by fever and sweating, and very great prostration and nausea almost continuously. Retaining nothing she was now nourished entirely by injections of milk and beef peptonoids per rectum; chills recurred with same train of symptoms. She continued in this condition, the result seeming unfavorable, until the twenty-sixth of June, when she commenced to improve. With one of the evacuations of the last few days, induced by injections of large quantities of water, was a good deal of sediment resembling the gall stone formerly removed from the fistulæ, and was no doubt a disintegrated stone that had probably obstructed the common bile duct.

During this sickness her temperature ranged from 99 to 103. Her symptoms and condition being characteristic of septicæmia. There was no pus formation discoverable. The patient rapidly improved, and has been unusually well ever since. The closure of the fistulæ seems permanent.

This was undoubtedly a case of abscess of liver, due to impacted gall stone. The pus finding its way to the umbilicus through the suspensory ligament or round ligament. After being open so long I never supposed the fistulæ would close. The fact that it was in an old subject—now

75—after four years' duration, is of unusual interest. The case was treated conservatively. The fistulæ seeming to be more useful than injurious, I did not concern myself about its closure; and should not in a similar case. Though her health is very much better than for years, it is doubtless due more to the removal of obstruction from the ducts than to closure of the fistulæ.

REPORT OF AN INTERESTING CASE, WITH OPERATION.

BY J. KREBBS, M. D., HAMPTON, IOWA.

Mrs. Thomas Peterson, native of Denmark, æt. 43, married, mother of three children, father died of erysipelas, æt. 67, mother died æt. 65, cause of death unknown. Patient attacked in 1867 with persistent pain in elbow joint, which lasted two years, supposed to have been synovitis. In April of 1886, patient was attacked with pain in inferior maxillary region on right side. Slight irritation of right side of lower lip or pressure in temporal fossa would cause paroxysms of excruciating pain along the course of the inf. dental nerve, and any movement of the tongue would cause so much pain in the same region that all communication with patient had to be carried on in writing. There were tonic spasms of muscles on the right side of the face which lasted for three weeks, with no remissions, except for three or four hours after hypodermic injections of atropia and morphia. I was called to see patient May 4, 1886. Patient was sitting up, ænæmic, countenance wearing an anxious expression, pulse weak, temperature normal, ptilyism profuse, pain in paroxysms and tonic spasms of muscles of mastication on right side. Further examination revealed gums ulcerated with great destruction of tissue. Breath gave the characteristic mercurial odor; tongue heavily furred, very much resembling the tongue of remittent fever; bowels, slightly constipated; urine, dark; sp. gravity, 1028. The following therapeutic agents were tried: disinfectant washes, quinia in large and in small doses, iron, pot. iod., Fowler's solution, strychnia and cathartic doses of calomel, hg. bichlor., morphia and atropia, hypodermically; also counter-irritants, all

to no advantage, except that morphia and atropia gave temporary relief. The above treatment was carried out from May 4th to July 24th, when I became disgusted with therapeutics and concluded to make an operation. Three weeks previous I had ordered all the teeth extracted. The pain still continuing, I concluded they were not the exciting cause at that time. I ætherized the patient, and in the presence of assistants, made a longitudinal incision the entire length of the jaw over the site of the diseased teeth, to demonstrate the absence of any offending members. An incision was then made two inches in length, over the mental foramen; removed periosteum, and when mental foramen was in view, the trephine was then applied, and a disc of bone removed, bringing the nerve and artery into view. The nerve was then grasped, and by making traction, was divided in the dental canal about one inch from the mental foramen. Result: entire cessation of pain, with paralysis of lower lip on right side. The wound was kept packed with old muslin, healed by granulation and is now entirely well, there being no inconvenience experienced except the slight paralysis referred to.

The pathology in this case may cause a diversity of opinion, but the lesion must have been confined to the inferior max. division of the fifth nerve, for pressure on any of its branches would cause paroxysms of pain the same as irritation of the lip or moving the tongue.

For several years the patient had previously suffered from caries of the teeth, but their removal did not cause the pain to subside; hence, we must infer that they were not the immediate cause. By constant irritation they may have caused an extension of the inflammation, by continuity to the nerve trunk through its inferior dental branches, and this neurosis may have caused a hyperplasia of the neurolemma, and encased as the nerve was in its bony canal, constant pressure would result. Impressions made from the nerve center, or from its periphery, would cause a molecular vibration of the nerve cells along its entire course, but only at that point where expansion was impossible would any considerable inconvenience be felt. Leaving the pathology in the case here the opinions of others are solicited.

SOCIETY REPORTS.

NORTH IOWA MEDICAL SOCIETY.

[NOTE.—This society report was sent THE REPORTER soon after the date of meeting. For some reason it was lost, and found but a short time ago. We reported these facts to the society, and at their request, it is now published. We are glad to publish it even at this date, as we do not wish to omit the Report of any Society that is furnished us.]

A semi-annual meeting of the above named society was held at the office of Dr. H. H. Clark, in the city of McGregor, on Thursday, December 3, 1885.

In the absence of both president and vice-president, Dr. J. S. Roome of Calmar was called to the chair.

The regular essayist for the meeting, Dr. J. C. Crawford, of Waukon, being absent, the society proceeded at once to the discussion of the regular subject for the meeting, viz: Splints and bandages and their applications.

Dr. J. W. Smith thought that the surgeon should possess sufficient ingenuity to enable him to improvise splints for every emergency, and that wood and pasteboard furnished ample material for all ordinary cases.

Drs. H. H. Clark and J. H. Thorton warmly indorsed the plaster paris as a primary dressing in fractures, which position was combated by several of the brethren.

Dr. Brockhausen spoke against the use of the plaster dressing in fractures of the upper extremities.

Dr. W. L. Duffin and Dr. Brown thought that there was usually too much bandaging done in the treatment of fractures.

Dr. Brown called attention to the great superiority of the rubber bandage to cloth bandage, in the treatment of fractures.

Dr. Nichols and others warmly indorsed the old fashioned fracture box in the treatment of fractures of the leg. A box with an adjustable foot piece.

Dr. J. W. Smith, of Charles City, urged the great importance of anesthetics as an aid to diagnosis, in all cases in which there was any doubt.

Dr. Smith exhibited an interesting specimen, some six inches of the lower extremity of a femur, with a cut of the patient showing the result of the operation.

Under the head of "Reports of Cases," Dr. Mila B. Sharp, of Monona, Dr. Clark, of McGregor, and Dr. Smith, reported cases of puerperal convulsions. The latter physician spoke with disfavor of the use of chloral in this disorder and relies on morphia hypodermically and potas. bromide. Mrs. Dr. Sharp's case was treated with injections of chloral hydrat, two oz., potas. brom. 20 gr. Dr. Clark's case with ss. gr. doses of morphia sulph. hypodermically, and injections of the bromide and chloral. All the cases reported by these physicians recovered.

The question was asked, "Does the use of chloroform favor post partum hemorrhage?" Most of the brethren think not, though this view did not prevail unanimously.

Dr. Smith made some very practical remarks upon the subject of position in labor, demonstrating the aid we may derive from position in the correction of some mal positions of the foetal head.

Dr. W. Duffin reported several cases of varicocele successfully treated by injections of carbolic acid and iodine.

The society indorsed the bill to regulate the practice of medicine, known as the "McVay bill," and Drs. Brown, Clark and W. L. Duffin, were appointed a committee on medical legislation.

A resolution was adopted denouncing the practice of the farming out of the pauper practice to the lowest bidder, as unjust both to pauper and physician.

Typhoid fever was chosen as the subject for discussion at the next meeting.

The following physicians were upon favorable report of the board of censors admitted to membership: Dr. P. H. Sharp and wife, Dr. Mila B. Sharp, of Monona; Dr. John H. Thornton, of Lansing; Dr. C. W. Duffin, of Garnavillo, and Dr. C. E. Nichols, of Giard.

On motion adjourned, the meeting having been a pleasant and profitable one to all.

LUTHER BROWN, Secretary.

JASPER COUNTY MEDICAL SOCIETY.

The Jasper County Medical Society met in the parlors of Hotel Colfax, July 15, 1886.

Members present: Drs. Perry Engle, H. E. Hunter, J. R. Gorrell, J. T. Robbins, B. M. Failor, J. L. Pifer, of Newton; I. H. Moore and George P. Clark, Prairie City; H. C. Potter, Des Moines; J. W. Beck, A. D. Moxley, Kellogg; W. W. Hawk, Mingo; H. C. Eschbach, J. T. Hendershott, Monroe; J. R. Ryan, S. F. Miller, W. R. Trotter, J. C. Cor-selius, Mrs. A. B. S. Turner, L. C. S. Turner, Colfax, and C. J. Lukens, New Sharon.

Visiting physicians: Drs. R. A. Patchin, J. T. Priestly, C. M. Colvin, T. C. Clark, A. G. Field, W. C. Pipino, Mary D. Frederick, A. C. Simon-ton, J. P. Buchanan and I. P. Brubaker, Des Moines; J. A. Scroggs, Keokuk; R. C. Hoffman, Oskaloosa; D. H. Hazen and John Harp, Otley, and J. C. Smullin, Boone.

After reading of the minutes, Dr. Hunter, in behalf of the society, extended a cordial welcome

TO "OUR VISITORS,"

many of whom were ladies—wives, daughters and friends of the physi-cians in attendance.

He then read an interesting report of a case of epilepsy from sup-pressed menses, in a girl of twenty. Treatment: Hot hip baths, leeches, salines, etc., which effected a cure.

Diagnosis questioned by Dr. Gorrell, who thought it uterine engorge-ment producing hysteria, ten or twelve too many seizures for epilepsy. Treatment correct, but not the treatment for the disease as diagnosed. If a certain train of symptoms will produce catalepsy, the same symptoms will not produce epilepsy.

Dr. Field thought acquired epilepsy curable, and the history of the case sufficient to establish the diagnosis.

Dr. Scroggs supported the paper as read, and in the course of his remarks gave ovulation, and not menstruation, as the proper term for the monthly discharge.

Dr. Hoffman diagnosed the case hystero-epilepsy. He did not think every epileptic falls on his face and froths at the mouth, or every hysteric swoons.

Dr. Pipino names it reflex-epilepsy, and thinks it as amenable to treatment as reflex-asthma.

Dr. Simonton named it epilepsy of centric origin, and curable. He asked Dr. Gorrell: Is there such a thing as epilepsy of eccentric or periplural origin coming from the extremity of the nerve?

Dr. Gorrell responded affirmatively, and cited sunstroke as an example.

Dr. Patchin was enthusiastic in his support of the paper.

Dr. Hunter, in his closing remarks, strongly defended his paper, and ignored the idea of but one seizure. Limited time prevented further discussion.

Dr. Field exhibited some fine microscopical specimens.

Dr. Piper read a paper on "Retroversion of the Uterus."

Dr. Scroggs opened the discussion on the paper. According to his observations, posterior displacements were more common than anterior, though at variance with authorities. He directed attention to the explicit directions as to the use of sound; he considered it, when cautiously used, an important means of diagnosis; he thought material that could be moulded to fit the parts the best for pessaries, as it is the improper fitting that has gained for them so much abuse. He says he knows physicians who have directed patients to secure for themselves a uterine support and insisting on its use, without ever seeing or examining the patient. He had had patients come to him wearing an anterior pessary for a posterior displacement. He spoke of the method of correcting displacements where no adhesions exist, as practiced by Dr. Alexander, an eminent London physician, cutting down and shortening the round ligaments; he referred to Dr. Pope, of New York, who reports fifteen cases recently treated in this manner. He thought the remarks on the binder, the key-note of the paper, but he does not use it.

Dr. Simonton uses the binder to obviate syncope from the sudden emptying of the womb, for the same reason he would in tapping for abdominal dropsy. He removes in a week or ten days.

Dr. Scroggs said I have never noted a case of syncope without the binder, and have not permitted its use in my practice during the past

five years. I do not allow the patient to be up before ten days—three weeks is better.

Dr. Field favored the binder. He said, I cannot keep our American women in bed longer than a week, and I think the binder prevents hemorrhage.

Dr. Moore said, at the May meeting of the American Medical Association, Dr. Marcy said he had discontinued the use of the sound, and believes it has caused more deaths than any other instrument. He was sustained in his assertion by the most eminent physicians present.

After a short recess, Dr. Eschbach read an interesting paper on "The Physiological Action of Belladonna."

Dr. Simonton urged that the physiological action of drugs be given more attention by the profession. He said, most physicians prescribed belladonna in constipation, and but few could give intelligent reasons therefor.

Dr. Pipino accounted for the persistent effect of belladonna on the pupil with some, when administered internally, through the idiosyncrasies and susceptibilities of the patient.

In Dr. Failor's absence, some notes on the "Third Stage of Labor," just received from him, were read by the secretary. He used ergot only in rare instances. He thought it might cause retention of the secundine instead of the expulsion.

Dr. Potter said, I deliver the placenta fifteen minutes after the child.

Dr. Scroggs was skeptical as to the use of ergot. He never used it prior to the expulsion of the child. Collapse of uterus, after emptying, causes separation of placenta; he delivers within five minutes, or as soon as the child is breathing. If not immediately thrown off, pains set up again in from fifteen to sixty minutes. Early delivery must be made if there is much hemorrhage, otherwise it can be left to the discretion of the physician.

Dr. Priestly said, every medicine has its day. Ergot stops after-pains. It is the injudicious use of it that does harm.

Adjourned till seven P. M.

Convened at appointed hour.

Dr. Beck read a paper on "Mercury as a Remedial Agent."

Dr. Patchin was requested to speak on the subject. His criticism on the paper was favorable.

Dr. Clark objected to its use in Typhoid Fever.

Dr. Gorrell asked, why do we give a medicine that defibrinates the blood, lessens the red corpuscles and lowers the heart's action, when in most cases where it is used, these, are the conditions to be overcome?

Dr. Engle uses it in syphilis, or in cases where depletion was necessary. He thought the more homœopathy with it the better.

Dr. Pipino gave an interesting talk on the cure of nasal catarrh by electro-cautery, exhibiting his instruments used in that and other methods of treatment. He divides chronic nasal catarrh into three stages: hypertrophy, atrophy and ozena. There is no cure for the second stage. He objects to the use of salt. In the first stage he recommends alkaline solutions followed by astringents.

A vote of thanks was tendered the doctor for his interesting talk.

Adjourned for the banquet.

The next meeting is to be held at Newton, October 21st.

The spacious dancing parlors were now cleared. Thayer's orchestra furnished the music, and the time was now pleasantly whiled away, dancing, promenading and social converse until eleven p. m., when the banquet supper was announced, and all repaired to the dining hall to partake of the inviting collation.

After the supper, following a solo and accompaniment by Misses Lyday and Failor, came the toasts. "Our Visitors" were given a most cordial welcome by Dr. Failor, responded to by Dr. Patchin, in a strain of humor characteristic of the doctor's genial life.

The "Medical Profession" was ably represented by Dr. Gorrell, concluding with an unpublished poem of Dr. Oliver Wendell Holmes.

Jules Lombard, of the famous Lombard Brothers, of Chicago, favored the company with two solos.

Judge Winslow came to the rescue in the toast, "To the Ladies."

"Honest Medicine vs. Quackery," was left to the keen discriminations of Dr. Hunter.

"The Overworked and Underpaid Physician's" case was plead by Dr. Hoffman.

"The Jolly Physician" was fitly responded to by Dr. Priestly.

"Jasper County Medical Society," to be represented by Dr. Simonton, was crowded out for lack of time.

At half-past one the banqueters hastily dispersed, to take the incoming trains, voting this one of the grandest meetings in the history of the society.

I. H. MOORE, President.

L. C. S. TURNER, Secretary.

SELECTIONS.

ON THE RELATION BETWEEN LAW AND MEDICINE, WITH ESPECIAL REFERENCE TO THE PRINCIPLES OF THE MEDICAL JURISPRUDENCE OF INSANITY.

BY EDWARD C. MANN, M. D., BROOKLYN, NEW YORK.

Member of the Medical Society of the County of New York; New York Medico-Legal Society, etc.; Superintendent Sunnyside Private Hospital for Mental and Nervous Diseases; Associate Editor of Medico-Legal Journal of New York.

In the relations that exist between medicine and law, the testimony of experts is necessary for the purpose of arriving at truth in certain medico-legal investigations. The testimony of skilled witnesses is essential to a due observation and appreciation of facts, and such testimony can only deserve its name and fulfill its function when the witness is really skilled, that is, when he possesses those qualities of mind, that education of habits, and those stores of information which alone can make him a competent observer. It is because medical witnesses have often been unskillful in the particular directions in which their evidence has been taken, that so much discrepancy has occurred in their statements. Scientific testimony does not fail in the matter of facts because it is too minute, too cautious, or too true, but rather because it is wanting in minuteness, carefulness and precision. When it fails, it is because it is not the testimony of an expert. When facts are admitted, there is often a great diversity of honest opinion with regard to their interpretation, which results from the varying range of experience and the different temperament of mind of those giving medical evidence. It is the

want of observation of facts which mars much expert testimony. A man must have a broad and progressive, and not an antiquated and stagnant mind, to survey a wide range of human thought and feeling in such a manner as to be able to give valuable opinions. The conditions therefore which determine the existence of discrepancy in the statement of both facts and opinions, are to be found in the nature of medical science and in the varying power of observation and reflection possessed by experts.

The ultimate object of both the medical and legal profession is truth.

Many ideas entertained twenty years ago are not accepted by science to-day. Science is progressive, and its existence is one of growth and change.

Its growth must remove old lines, which, although expressive of the truth entertained twenty years ago, do not express the truth as that is now received.

As the result of this, in medico-legal inquiries, the issue that is raised is often the wrong one. The real point may be that of capacity or incapacity of a person to manage his affairs, make a will or contract a marriage. The issue is raised as to sanity or insanity of mind and then by the present code of New York, which is like that of some other states, the Judge has no option under the code, but to instruct the jury to insist on a test which it is impossible to apply, which is antiquated, and which fails to express the science of the present.

Let us look for a moment at this difference in opinion as to the sanity or insanity of an accused person on trial, see what gives rise to the difference in opinion, and, from the method of forming the given opinion, try to ascertain which is probably the correct one. In any given case the lawyer is governed by a precedent that may be wrong. The law decides to adopt a line, to which science must be brought to bear in its legal relationship. The law says, the line shall be drawn here, and all the evidence that an expert can give must be brought to that standard and tried by that test. Very good, *provided*, that the law will say to me as a physician, "We stand ready to make fresh lines of a provisional nature, as we recognize that science is progressive and that all tests must, in proportion to its progress, fail to represent its true position." But the law does not say so. If I am called upon in my professional capacity to

treat one of our judges, I am expected to act in conformity with the fine modern distinctions which have been established between numerous forms of acute specific diseases, which differences are valuable in diagnosis, prevention, prognosis and cure. If I testify in a law court, before the same judge, as to the sanity or insanity of an individual, an effort is always made to make me an exponent of that which was agreed upon in times gone by. I am asked, if in my opinion, the prisoner knew the difference between right and wrong, with regard to the particular act for which he stands accused. I can only reply that such knowledge has nothing whatever to do with the fact of insanity. That science teaches me that the test of insanity or sanity, is the presence or absence of incapacitating weakness or derangement of mind caused by disease. Incapacity is the real test of responsibility. In an inquisition my evidence is always based upon my opinion as to whether a man is capable of taking care of himself and his affairs.

In probate cases as to whether a man was capable of making a reasonable will; and in criminal trials, as to whether the act in question was the product of insanity, and as to whether the prisoner was capable of avoiding the compulsion of disease to crime.

I have shown how the jurist forms his opinion, *i. e.*, that he is governed by precedent and by lines which he has adopted as a test. Now, how do I form mine? At the request of the state, or of the counsel for the defense, I go to the jail and examine the prisoner. If I am perplexed, I examine him several times. I do not pretend to the omniscience of a confrere of mine, who, on a recent murder trial, when the death penalty would be the result of a verdict of "guilty," testified as to the prisoner's condition of mind, acknowledging at the same time that he had never personally examined him at all.

I examine narrowly the general appearance, conformation and shape of the head, the complexion, and expression of the countenance, the gait and movements, and the speech.

I ascertain the state of the health, of the appetite and digestion, of the bowels, of the tongue, skin, and pulse. Note especially the presence or absence of febrile symptoms as distinguishing delirium from madness.

I ascertain whether there is sadness or excitement, restlessness or stillness, and whether the sleep is sound and continuous, or disturbed and

broken. In females, the state of the menstrual functions, and of the presence of uterine disease is inquired into.

The family history is traced out, in order to ascertain whether there is any hereditary predisposition to insanity, and whether other other members of the family have been subject to fits or betrayed marked eccentricities of behavior.

The personal history is ascertained with equal care. If the mind appear unsound, I ascertain whether the unsoundness dates from birth, from infancy, or from what time. If the unsoundness has supervened later in life, whether it followed severe bodily illness, accident, mental shock, long continued anxiety of mind, repeated epileptic fits, in indulgence in habits of intemperance or in solitary vice.

I inquire whether the present state of mind differs from that which existed when it was reputed to be sound, and whether the feelings, affections, and domestic habits have undergone a change.

I ascertain whether the existing unsoundness is a first attack, and if so, whether it began with depression or excitement. If not, did the first seizure follow a period of melancholy, passing into mania and then into slow convalescence. I ascertain if any signs of general paralysis are present in the speech or gait, if the patient has squandered his money, grown restless and wandered about, exposed his person, committed petty thefts, or had delusions of wealth or grandeur.

I ascertain the mental capacity by conversation directed to such matters as age, the birthplace, profession or occupation of parents, number of brothers and sisters and near relations, common events, remote and recent, the year, name of the month and day of the week, name of the Governor and President and of persons best known and most talked about. The power of performing simple operations in arithmetic, and the knowledge of the value of money is tested and the memory by repeating simple forms of words in general use. In testing the power of attention merely negative or affirmative answers to leading questions are distinguished from such replies as indicate judgment and reflection. If the inquiry relate not to the capacity of the mind, but to its soundness in other respects, delusions are sought for by conversations directed to the topics most likely to interest and excite the mind. The state of the moral feelings will be tested by conversation directed to relatives and friends.

In cases of supposed moral or psycho-sensory insanity the state of the emotions and moral feelings is tested by conversation directed to relatives and friends.

In cases of supposed moral insanity or reasoning mania, diligent inquiry is made into the motives which might have led to the commission of the act of which the party is accused.

I insist upon full opportunity being given me of forming my opinion, and am rarely content with a single visit.

It is upon all these points, elicited in a personal examination of a person supposed to be of unsound mind, that I, in common with every physician who deserves the name of expert, form the opinion that I subsequently express in a court of law at the trial. Is not such an opinion, based upon such an examination, pretty sure to be a correct one?

Now, careful as a man can be in his observations, and as sound as he can be in his opinions based upon them, his evidence is brought up in court to a line which is artificial and wrong, and is tried in relation to an issue which may be legally correct, but which is without any corresponding counterpart in science, *i. e.*, whether the prisoner, at the time he committed the overt act, could distinguish between right and wrong with respect to the individual act in question. Very few judges to-day will charge a jury as Judge Howard J. Reeder, of Northampton county, Pennsylvania, recently did, *viz.*: that "If the act in question was the offspring or product of mental disease, the jury should render a verdict of not guilty, on the ground of insanity." Such a charge was based on scientific truth, and served the purposes both of justice and truth.

I have pointed out the necessity for expert or scientific evidence—have described the conditions which are required to render such evidence adequate for its purpose and worthy of its name—have suggested that some explanation of the frequent dissatisfaction felt with regard to medico-legal inquiries may be found in the fact that much of the scientific testimony rendered in our courts of law fail to fulfill those conditions or to possess those qualities; have shown that there is an essential difference between the tendencies of scientific growth and of legal practice, and that much of the fault that is found may be traced to this fundamental difference; that science advances and has advanced so far as to obliterate old lines of distinction; that medical evidence, to-day, may often fail,

even when truly and fully scientific, because it has passed beyond the old lines and landmarks mapped out in times gone by, but which still form the basis of legal practice.

A needed reform is to have the courts appoint the experts, so that the jury may not be bewildered by throwing upon it the burden of deciding between experts. It is absurd to ask the average jurymen to decide between experts. They cannot do it, and, for the simple reason that the expert is giving, or ought to be giving, scientific evidence in obscure brain disease about which the jurymen know nothing. As in the Guiteau trial, one expert is pitted against another. Expert and scientific testimony virtually destroys itself, while an able man like Dr. Pliny Earle, of Northampton, Mass., went home without testifying at all.

The commonwealth, or the Supreme Court Judge, or the trial Judge, should appoint the expert for either a term of two years or for each trial, as the case might be. Of course, counsel ought not to be deprived of their right to call in their own experts, but the plan we suggest we think a good one. A man like Judge Barrett, or any of our Supreme Court Judges, would appoint only physicians well versed in forensic medicine, the jury would attach much weight to any man's testimony given in such a manner and under such circumstances, and the district attorney would also be satisfied that the ends of justice and truth were subserved. Personally, I have nothing but thanks for the uniformly courteous manner in which counsel for the commonwealth and for the defense also, have dealt with my testimony, and feel sure that generally they do only, with all medical witnesses, that which the circumstances compel them to do. I think, however, that for the sake of justice and science, it is desirable that the counsel, on both sides, should know, before the trial, the exact position of medical opinion. Were they thus informed by the expert appointed by the Judge they could save themselves much trouble and the jury much perplexity. Our judges have vast attainments, keen appreciation, and great habitual fairness, yet be they ever so learned, skillful and honest, they cannot know the exact scientific worth of medical details, and are liable to be hindered rather than assisted by the varying opinion of experts, one asserting that the prisoner is a sick man and another that he is a well man. The jury have to decide whether the expert for the defense or the expert for the prosecu-

tion is the most worthy of his credence. They may be totally uneducated in the physiological or medical science, and yet have to decide as to whether Dr. G. or Dr. K. has made the correct diagnosis of the case.

The jury have to decide when there is utter discrepancy between learned members of the medical profession. This would be all avoided were the court to appoint one or two experts to give testimony subsequent to an examination of the accused. The jury would see that here was scientific, impartial testimony, and would attach much weight to it. The testimony of a physician should represent accurately the science of the day. The medical witness is not a partisan, and should never allow himself to become one. He has duties to the profession as well as to the lawyer by whom his services are sought. The medical profession should agree upon standard rules of observation which should apply to the several classes of cases which we see most frequently in medico-legal practice.

We have it within our power to make medico-legal investigations as satisfactory as they are important, conducive at once to the good of the individual, the honor of the medical profession, and the cause of truth. There is no necessary break between law and medicine. The physician investigates the case and examines it, and announces the truth to the lawyer, who applies it to his case, demanding immunity from penal punishment for the sick man, diseased in mind, or defending his client on other grounds, if the physician declares him a sane man with normal capacity and responsibility.

We come now to another point in the principles of the medical jurisprudence of insanity, viz: As to the essential fact to a correct comprehension of insanity, which is this, and Hughes has expressed it thus: That whatever conception we may hold as to the essential nature of mind, it is allied in all manifestations to organism and cannot, in life, be dissolved from it. I think, that a comprehensive definition of this difficult subject, upon which we can stand in all cases, must recognize the fact that mental disease is in the individual, and not in his intellect alone, and not always there primarily. The real essence of insanity, I think is a subjective morbid change in an organism, due either to ante-natal or post-natal conditions, usually to both, in the nature of deranged organic or special sensation or impulse. Organic feelings mislead the mind, and

may prove as delusive as special sense subjective impressions, misleading the mind, so that it acts in a manner neither natural to the individual nor to the normal type of the individual. The standard of comparison in insanity cannot always be self, but the normal self type before the morbid ancestral departure. The essential condition, in mental disease, is the changing and misleading subjective impressions of the insane person, coupled with the resultant change of conduct, or of reasoning, or both. Where insanity is hereditary and evolved with the natural evolution of a man's organism, that man, in a broad sense, is a life-long sufferer from delusional insanity, in that he is born with, and retains through life a subjective morbid condition of his nervous system which misleads the mind or conduct. It is the abnormal condition of the organism which deranges the normal display of psychical function, and causes the departure from what we recognize in the healthy man as normal mind. In all the varieties of insanity, therefore, this proposition, originating with Hughes, is applicable, viz: morbid delusive conception or perception of subjective origin, causing change of mental character, as compared with former self, or normal ancestral type, through organic conditions originating in disease within the system, external motives playing but a secondary part when they influence at all the mental conduct. Owing to the nerve instability of the insane man, his judgment and conduct are the result, not of external motives so much as of his diseased and delusive feelings and impulses. This being insanity; disease of the body affecting the mind by deranging its function and causing such an impairment of the healthy intellect, the emotions or the will as to render the individual irresponsible; what, then, is sanity? Judge Edmunds gave the best definition of sanity I have ever known. He said that a sane man was one whose senses bore truthful evidence; whose understanding was capable of receiving that evidence; whose reason could draw proper conclusions from the evidence thus received; whose will could guide the thought thus obtained; whose moral sense could tell the right and wrong of any act growing out of that thought, and whose act could, at his own pleasure, be in conformity with the action of all these qualities. All these things unite to make sanity. The absence of them is insanity.

It being our intention, in some future number of this journal, to endeavor to formulate some general principles, applicable to medico-legal

trials where insanity is alleged as a defense, we close by saying that we trust the time is not far off when every Judge, in his charge to the jury, will say, that if the jury believe, from all the evidence in the case, that the given act was committed by the prisoner, in consequence of insanity, they shall acquit him on that ground. When the Judges will have the boldness to say to the jury that no act is a crime if the person who does it is prevented, by any disease affecting his mind, from controlling his his own conduct, and when they will define insanity themselves to the jury as incapacitating weakness or derangement of mind caused by disease, in place of insisting on a test which it is impossible to apply.—*The Medico-Legal Journal*.

ÆSCULAPIUS AND THE BLOOD OF MEDUSA.

Respectfully inscribed to my friend, J. M. Ball, Jr., M. D., Waterloo, Iowa.

BY THE REV. DR. C. S. PERCIVAL.

Minerva, so the legend says,
 (And facts proclaim it true, sir,)
Gave Dr. Æsculapius
 The blood of slain Medusa.

Of all the blood that ever flowed,
 This surely was the oddest.
To vouch for all that's claimed for it
 I really am too modest.

With that which from the right side came,
 Unless the legends mock us,
He healed the sick and raised the dead;
 Among the last, young Glaucus.

But that which issued from the left,
 He used to put an end to
The lives of those unfortunates
 Whom he was not a friend to.

A dangerous power is this, I ween,
 To wield o'er mortal bodies;
Unless, like Æsculapius,
 The one who wields, a god is.

But him the nymph Coronis bore
To the divine Apollo;
So he was quite immaculate,
Whate'er he made men swallow.

But Jove was angry that this god
Should raise to life the dead, sir,
And with his hardest thunderbolt
He hit him on the head, sir.

And so he died, as many a one
Has died for doing good, sir;
But to an endless line of heirs
He left this wonderous blood, sir.

Each self-styled Æsculapius
Will make his loudest brags, sir,
That he has got *his* share of it
Safe in his saddle-bags, sir.

Some blundering quacks have got it mixed,
And deal it out in doses
That sometimes kill and sometimes cure,
As stupid chance disposes.

But ye, true Asclepiades,
Still keep the two parts separate.
Cork up the right for future use,
And let the left evaporate.

Or keep a little hid away
Within your safest coffers,
To dose the hated race of quacks,
Whene'er occasion offers.

The men who sport with human life
Are not a whit too good, sir,
To take, as sedative, a dose
Of left Medusan blood, sir!

EDITORIAL.

REGISTER.

Out of three thousand physicians in the state on October 1st, one thousand five hundred and seventeen had filed applications as required by law. Of these, one thousand two hundred and sixty have been approved. At that date, two hundred and sixty-seven had been acted upon, twenty-six had been rejected and twenty-six were pending further investigation. Of the total number of applicants, thirteen were non-graduates; of these, seven failed to pass.

There are fully three thousand people in the state who are practicing medicine, as defined by the law. It is estimated that there is still fifty per cent of those who had not filed their applications who are qualified.

At that date, October 1st, one-half of the time provided for registration had passed, and with it, about sixty per cent of those entitled to certificates had filed their applications. This is a good showing, and indicates that there will be a general observance of the law. The other forty per cent who had not filed their applications at that date, should comply promptly. There now remains but two months more. Unless desirous of testing the law, all who are entitled, should provide themselves with a certificate from the state board of examiners. It will save expense and trouble. Even if one wishes to resist the law, he need not feel that it rests with him to make this test, as there are plenty in the state who will resist the law and who are not entitled to a certificate from the board.

The glory of opposing a legally enacted law is hardly equal to the trouble and expense. Urge those who are entitled to certificates, and have not yet filed their applications, to do so immediately. The state board of examiners would dislike very much to be obliged to prosecute a violator of the law who would be entitled to a certificate on application. Already inquiries are being made as to who has registered. It will not be long after the first of January next before everyone practicing in the state, who has not qualified, will be known.

AN ANNOUNCEMENT.

With this number begins Vol. IV of THE REPORTER. The last volume was more prosperous than the one preceding it. The prospects for the current volume are better than were those of the last. Relying upon the friendship of the profession of the state, and upon the hope of an increased patronage to its subscription list, another increase in size has been made. This increase consists in an additional four pages, and a change in the body and face of the type equaling four more pages, making a total increase of twenty-five per cent. Our success with the last volume has been due to the generosity of the contributors, and of the auxiliary societies of the state. This past kindness is appreciated. The place of publication has again been changed, together with the dress, hoping thereby to be out by the twenty-fifth of each month, and not from three to seven days thereafter.

The policy of THE REPORTER will not be changed. Its columns are open to every member of the regular profession.

CLASSIFICATION OF INSANITY.

Every county has its commissioners of insanity, as provided by law. The law also provides some qualifications of competency in one who is to pass upon the sanity of a person. Upon no one subject of medicine which comes before the public, is there a greater diversity of opinion than upon this subject, (except it be upon the subject of railroad injuries), from which there may be a question of damage. Nothing could be more desirable than a generally accepted classification. This, of itself, will be the beginning of an authority which will ultimately, through the experience of experts, shape or pave the way for a more intelligent and accurate diagnosis of mental disorders and the degree of sanity or insanity.

The current volume of THE REPORTER will, from time to time, present this subject. It begins by a valuable report from Dr. Jennie McCowen, of Davenport, and a selection from the *Medico-Legal Journal*. Both of these are well worth careful study by all who have not already familiarized themselves with their contents. The increase in nervous diseases promises to make this subject, from year to year, more interesting.

BOOKS AND PAMPHLETS RECEIVED.

- A COMPEND OF PHARMACY. By F. E. Stewart, M. D., Ph. G. P. Blakiston, Son & Co., Publishers, Philadelphia.
- A MANUAL AND ATLAS OF MEDICAL OPHTHALMOSCOPY. By W. R. Gowers, M. D., F. R. C. P. J. & A. Churchill, Publishers, London.
- DISEASES OF THE STOMACH AND INTESTINES. By Prof. Dujardin-Beaumez. Translated from the fourth French edition by E. P. Hurd, M. D. Wm. Wood & Co., Publishers, New York.
- A MANUAL OF DIETETICS. By J. Milner Fothergill, M. D. Wm. Wood & Co., Publishers, New York.
- A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. Witthaus, A. M., M. D. Wm. Wood & Co., Publishers, New York.
- THE HEALING OF ARTERIES AFTER LIGATURE IN MAN AND ANIMALS. By J. Collins Warren, M. D. Wm. Wood & Co., Publishers, New York.
- RHEUMATISM, ITS NATURE, ITS PATHOLOGY AND ITS SUCCESSFUL Treatment. By T. J. MacLagan, M. D. Wm. Wood & Co., Publishers, New York.
- A TREATISE ON ELECTROLYSIS AND ITS APPLICATION TO THERAPEUTICAL and Surgical Treatment in Disease. By Robert Amory, A. M., M. D. Wm. Wood & Co., Publishers, New York.
- THE GENUINE WORKS OF HIPPOCRATES. Translated from the Greek with a Preliminary Discourse and Annotations. By Francis Adams. LL. D., Surgeon, Vol. II. Wm. Wood & Co., Publishers, New York.
- HAND BOOK OF PRACTICAL MEDICINE. Vol. II, Diseases of the Digestive, Urinary and Sexual Apparatus. By Dr. Hermann Eichhorst. Wm. Wood & Co., Publishers, New York.
- A MANUAL OF PRACTICAL THERAPEUTICS. Considered with Reference to Articles of the Materia Medica. By Edward John Waring, C. I. E., M. D. P. Blakiston, Son & Co., Publishers, Philadelphia.
- INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S Offices, U. S. Army. Authors and subjects. Vol. VII, Insignares—Leghorn.
- REPORT ON CLASSIFICATION OF MENTAL DISEASES AS A BASIS OF International Statistics of the Insane, made to the Belgian Society of Mental Medicine. By Clark Bell, Esq.
- THE MECHANISM OF INDIRECT FRACTURES OF THE SKULL. By Charles W. Dulles, M. D. Reprint from Transactions of the College of Physicians of Philadelphia, February 3, 1886.
- GALVANO CAUTERY IN DISEASES OF THE PROSTATE BLADDER AND Urethra. By Robert Newman, M. D. Reprint from the Journal of The American Medical Association, August, 1886.
- SURGICAL NOTES FROM THE CASE-BOOK OF A GENERAL PRACTITIONER. By William C. Wile, M. D. Reprint from New England Medical Monthly, July, 1886.
- IS ELECTROLYSIS A FAILURE IN THE TREATMENT OF URETHRAL Strictures. By Robert Newman, M. D. Reprint from The Medical Record, September, 1886.
- THE HUMAN COLOR-SENSE CONSIDERED AS THE ORGANIC RESPONSE to Natural Stimuli. By L. Webster Fox, M. D., and George M. Gould, A. B. Reprint from the American Journal of Ophthalmology, September, 1886.
- METHOD IN MEDICAL STUDY. By Charles H. Hay, M. D. Reprint from the New York Medical Journal, September, 1886.

NOTICE TO PHYSICIANS.

IOWA STATE BOARD OF MEDICAL EXAMINERS, }
 OFFICE OF THE SECRETARY, }
 DES MOINES, IOWA, OCT. 11, 1886. }

A meeting of the Iowa State Board of Medical Examiners will be held in this city at the Board of Health rooms, beginning at 2 o'clock p. m., Tuesday, Nov. 9th prox., for the purpose of verifying diplomas, receiving and voting upon applications for certificates to practice medicine, examining applicants and attending to such other business as may come before it.

All physicians who expect to continue the practice of medicine in this state after the first of January next and all midwives who have commenced practice since April 3, 1886, should not fail to file their applications before November 9th. It is not probable that another meeting will be held, and a failure to procure a certificate will be a source of great embarrassment as well as expense. Blanks and all needed information will be promptly and cheerfully furnished by

J. F. KENNEDY, Secretary.

NOTICE.—A desirable property and a good paying practice for sale; one of the best localities in central Iowa. If you mean business, for further information, address post-office box 368, Nevada, Iowa.

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE.

	REPORT FOR SEPTEMBER, 1886.		
	M.	W.	T.
Admitted.....	13	11	24
Discharged.....	24	20	44
Remaining.....	399	315	714
Left for visit.....	2	4	6
Returned from visit.....	3	5	8
Discharged recovered.....	6	2	8
Discharged improved.....	4	5	9
Discharged unimproved.....	9	5	14
Discharged died.....	5	8	13

GERSHOM H. HILL, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

	REPORT FOR SEPTEMBER, 1886.		
	M.	W.	T.
Remaining August 31, 1886.....	401	264	656
Admitted in September.....	16	8	24
Returned from visit during the month.....	5	0	5
Total under care in the month.....	422	272	694
Discharged during the month.....	18	10	28
Daily average under care.....	402	264	666
Discharged recovered.....	7	3	10
Discharged improved.....	7	4	11
Discharged unimproved.....	0	2	2
Discharged died.....	4	1	5
Remaining, September 30, 1886.....	404	262	666

H. A. GILMAN, *Superintendent.*

The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

DES MOINES, IOWA, NOVEMBER, 1886.

NO. 2.

ORIGINAL ARTICLES.

THE TREATMENT OF ILEUS BY WASHING OUT THE STOMACH.

BY G. MINGES, M. D., DUBUQUE, IOWA.

One of the most distressing conditions which the physician is not infrequently called upon to treat, is that group of symptoms so vividly described by the older writers by the name of "Miserere," and any treatment promising to cure or even temporarily alleviate the same will be hailed with delight by the practitioner; for surely all of us have seen repeated instances, where, the suffering having been aggravated by vigorous cathartics given on the strength of a mistaken diagnosis, the routine treatment with opiates, cracked ice, and rectal irrigation having failed, the performance of abdominal section not being allowed or not being practicable on account of absence of exact knowledge of the seat and nature of the obstruction, there remained nothing to do but to let the patient die, consoling ourselves with the grim satisfaction that other surgeons have lost thousands of similar cases, or perhaps with the still grimmer one that a necropsy would reveal the site and character of the occlusion.

That I have not overdrawn the picture, is shown by Leichtenstern's calculation, that one death in every three hundred to five hundred is

caused by intestinal obstruction, and by Treve's statement that the mortality of the affection is sixty-three per cent—two thousand persons dying of it annually in England alone.

Kussmaul, the originator of systematic lavage of the stomach for the treatment of gastric disorders, is also generally believed to have been the first to use the same method to relieve and cure cases of intestinal obstruction, his plan consisting in washing out the stomach daily with a tube and funnel until the water returns clear.

Dr. J. T. Whittaker, of Cincinnati, however, at a meeting of the "Cincinnati Academy of Medicine," after reporting two fatal cases of ileus which had been very much relieved by him by washing out the stomach, stated that Dr. J. L. Cleveland, of the same city, had instituted that treatment prior to Kussmaul, having brought a case of obstruction, due to perityphlitic abscess, to a successful termination as long ago as 1876.¹

At the same meeting, Dr. Wm. Judkins reported a case in which the perviousness of the bowel was restored after two washings of the stomach.

Hasenclever² reports six cases treated in this way, of which two recovered, the other four, proven incurable at the autopsy, having been relieved of the distressing symptoms by the procedure.

Senator¹ in one case, shown by the autopsy to be of a tubercular nature, by means of lavage secured a temporary improvement lasting ten days, after collapse had already set in, and Fraenkel¹ had a patient recover after an occlusion of seventeen days' standing. Rosenthal has applied the same treatment successfully in two cases of hepatic colic.³

Dr. A. Cahn, of Strassburg, reports three cases treated by this method.⁴

In the first case, occurring in a girl of sixteen, where the obstruction seemed to be caused by peritoneal bands, after the usual means had been tried in vain for eight days, the stomach was washed out five times during twelve hours at Prof. Kussmaul's suggestion, and during the night two thin yellow passages occurred, the patient making a complete recovery.

¹Med. News, Philadelphia, XLVI, p. 383, April 4, 1885.

²Berl. Klin. Wochensch, No. 5, 1885.

³Editorial Med. News, April 4, 1885.

⁴Berlin Klin. Wochensch, Nos. 42 and 43, 1884.

In the second case, that of a man of thirty-eight, upon whom Prof. Lucke was to perform laparotomy for obstipation of nine days' standing, caused by the remnants of an old typhlitis. Prof. Kussmaul removed five litres of thin fæces by lavage, with the patient in a deep collapse, sleep supervened in a half hour, the obstruction yielded in six hours, and the patient recovered.

By far the most interesting case of Cahn's series, although it ended fatally, was the last one, for it shows that by removing the irritating contents of the stomach, we may keep up the nutrition for a long time, gaining time for Nature or the surgeon to free the intestinal lumen. After the sixteenth day of complete obstruction, the stomach was washed out twice daily, with great alleviation of all the symptoms, the bowel became pervious on the twenty-fourth, and the patient seemed about to recover; but after a gangrenous piece of colon, thirteen cm. long had passed per anum, he finally succumbed to general peritonitis.

As to the manner in which this treatment acts, Cahn gives several explanations:

1. The removal of large quantities of gas and liquid above the seat of constriction, gives the obstructed intestine more room to be reduced. Letting off the gases above through a capillary puncture sometimes has the same effect, but is more dangerous, as some of the contents are liable to escape into the peritoneal cavity. In support of this theory Cahn relates a case, in which, after Prof. Kussmaul had refused to wash out the stomach on account of collapse, the bowel became pervious with recovery of the patient, on the day following the evacuation of six pus-bowls full of thin fæces through an artificial anus in or near the duodenum (as proven by the discharge of pancreatic fluid), although the obstruction was probably in the vicinity of the coecum. The vomiting of fæcal matter in these cases would lead one to believe that in them the pylorus is relaxed, and Oser's experiments on animals have shown this to be true, and hence the lavage cleans out not only the stomach, but the intestine above the obstruction as well. In Cahn's third case, on several occasions, the first quantity of water poured in returned perfectly clear, while immediately thereafter a large amount of stercoraceous matter could be washed out, having apparently welled up in the meantime through the relaxed pylorus.

2. Removing the irritating material substitutes gentle and natural peristalsis for severe and irregular muscular spasm. We all know that increasing the peristalsis by means of cathartics aggravates these cases, and in a case occurring in the Strassburg clinic the invagination could be felt *pér rectum* to descend with the exhibition of cathartics and to recede with the administration of opiates. Hasenclever suggests that the lavage by removing the distention above the seat of obstruction corrects an inhibitory paralyzing influence of the splanchnics on the muscular fibres of the intestine.

3. The washing out is much less exhausting and more effective than the act of vomiting, for after repeated attacks of laborious vomiting, the stomach-tube still removes large quantities of matter.

4. The removal of feculent and decomposing contents aids the absorption of food and medicines, as shown by Cahn's last case, and we can readily imagine, how, even when the operation in itself does not cure, it may aid in the diagnosis by diminishing abdominal distention, and, if need be, render possible the intelligent performance of laparotomy.

Having made these preliminary remarks, I will report in full a case occurring in my practice, which is interesting both on account of the probable seat of obstruction and the promptness with which it was overcome by the above treatment.

Edward S——, mechanic, *æt.* twenty-six, father died of phthisis, mother living and healthy. Patient has always been healthy except that two years ago, on Easter, he was taken with severe cramp-like pains in the abdomen, and constipation, relieved after two or three days by a cathartic procured at a drug-store. April 5, 1885, again on Easter, he was taken with the same pains, constipation, and vomiting, which symptoms again subsided, but in the middle of the week the pain compelled him to remain at home. He first came under my observation on the following Monday, (the thirteenth). As I had at the time several cases of malarial gastralgia, I thought this to be one of the same kind, and prescribed cinchonidiæ sulph., *gr. v t. i. d.*, *gr.* one-quarter morph. sulph., for temporary relief, and three comp. cathartic pills at bed-time. The pills operated twice on the following day, one evacuation being quite copious, and the patient felt somewhat better. Small evacuations also occurred on Wednesday and Thursday. Friday, no passage, no appetite, severe pains.

Cinchonid. sulph., gr. x t. i. d. and three comp. cath. pills at night. Saturday, opiates for the pain, and the pills not having operated, ordered four comp. cath. pills to be taken at night.

April 19.—(Sunday). The patient came to my office before seven A. M., suffering excruciating pains in the abdomen, so that I gave him a hypodermic of gr. one-quarter morph. sulph. and gr. one one hundred and fiftieth atrop. sulph. and sent him to bed, when he slept some. The hypodermic had to be repeated at six P. M. and again at midnight. He had eaten nothing all day, nor the day previous.

April 20.—Gave hypodermic of gr. ss. morph. sulph. and gr. one-seventy-fifth atrop. sulph. at seven A. M., and again at eleven A. M. He vomited a mouth full of greenish water once or twice, but milk and lime-water by the teaspoonful was retained. The pain was located around the umbilicus, especially to the left of it. Since yesterday morning physical examination has shown the right rectus abdominis muscle in umbilical region more prominent and resonant than the left, and immediately above this and separated from it by a sulcus, and reaching to the border of the ribs, a circular, slightly bulging, somewhat tympanitic, tender loop of intestine. No distention or tenderness of epigastric or iliac regions. The patient sometimes feels some gurgling, but only in the left side, and cramp-like pains at those times are more severe. Sharp, lancinating pains are also felt at intervals. Some icterus of conjunctivæ. Pulse full, somewhat accelerated; temperature normal. First large rectal injection was given on the evening of this day. In the morning I succeeded quite easily in injecting over two quarts into the rectum in knee-chest position. The water came away much colored, but contained no fæces. The urine was much diminished. The large quantity of water which could be injected per rectum made it probable that the obstruction was above the large intestine, (according to Treves this is no certain indication), and the great diminution of urine, absence of abdominal distention, localization and small size of tumor and pain, and icterus, that it was in the duodenum or upper part of the jejunum. Dr. Benjamin McCluer saw the patient in consultation at noon. The condition was the same, except that tympanites over the tumor was less marked. We did not think that the tumor could be the gall-bladder, and excluded biliary colic. The abdominal muscles were more tense,

skin-reflexes well marked, and not much tenderness. We prescribed gr. one-tenth calomel every hour and one ounce castor oil every two hours. Hypod. of gr. two-thirds morph. at three P. M., of gr. one-quarter at seven P. M. and of gr. two-thirds at half-past eleven P. M. Pulse smaller and more frequent; more thirst and heat; the patient slept some, but the pains returned at five A. M.

April 21.—Beginning singulutus at seven A. M. Hypod. of morph. gr. two-thirds. The stomach being quite irritable and the rectum tolerant, Oss. milk and one drachm brandy were given per rectum; nothing per os but cracked ice and calomel gr. one-tenth q. 2h. Held another consultation at half-past ten A. M. Dr. McCluer and myself having within a few weeks read of the treatment of intestinal obstruction by irrigation of the stomach, we decided to give the method a trial as a last resort before advising laparotomy. A soft, perfectly flexible rubber tube, (Oser's), six feet long and five-eighths of an inch in diameter, previously filled with water, was passed into the stomach and made to act as a siphon by dipping its other end into a pitcher of warm water held above the patient's head. When the stomach was supposed to be full, the upper end of the tube was lowered below the level of the patient's stomach, and the siphon being thus reversed, an immense quantity of bilious matter, altogether out of proportion to the gastric distention and the mouthfuls previously vomited, was evacuated through the tube and along its side. This process was repeated several times, the water being allowed to run alternately into and out of the stomach until it returned perfectly clear. Within five minutes of the completion of the operation, the patient felt a strong desire to go to stool, and passed a small quantity of thin, yellow fæces, which were expelled quite forcibly, together with a large amount of gas. On pressing upon the distended loop of intestine, the patient said he could feel something squirt through the obstruction, and following up this indication, some massage was made from the small intestine towards the coecum and thence along the whole course of the colon to the left inguinal region, loud gurgling being thereby produced in the intestines. The patient immediately was able to keep down large quantities of both milk and water, although he vomited a half drachm of brandy in soda-water. Within an hour the patient had a copious evacuation, and a smaller one later in the after-

noon, and slept soundly for a while. The pain returned at three P. M., necessitating a hypodermic, which had to be repeated at nine P. M., when the temperature registered at one hundred degrees Fahrenheit; pulse full. Rectal injection of one ounce peptonized milk and one drachm brandy. At half-past eleven P. M. there was another copious stool, and after the passage of loud flatus on two occasions, the patient felt much relieved. Temperature one hundred degrees. The patient drank a good deal of water during the night, but no milk.

April 22.—Pain returned at nine A. M. Gave per os., morph. gr. three-quarters, atrop. gr. one one-hundredth. Temperature, normal; pulse, seventy-eight. Ate a soft-boiled egg for supper and smoked a cigar. Administered one dose of morph. during the night.

April 23.—Pulse eighty, appetite improving. Administered two doses of morphine.

April 24.—Two consistent evacuations from the bowel. Administered one or two doses of morphine.

April 25.—No more anodyne. Discharged.

In this case it is difficult to determine the exact time when complete occlusion occurred. I think we must place it at least as far back as the thirteenth of April, for although there were several rectal evacuations, and one of them quite copious, after that date, it seems to me quite possible that they came from below the seat of obstruction, assuming that this was in the duodenum. If this reasoning be correct, the patient recovered after an obstruction lasting at least one week.

As a further excuse for bringing before your notice this treatment, I must mention the fact that it is but little known, Treves referring to it neither in his extensive work on "Intestinal Obstruction" nor in his paper on the same subject, read at the last meeting of the "British Medical Association."

THE TORCH VERSUS THE SPADE.

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(FOR THE REPORTER.)

" Ay, but to die, and go we know not where,
To lie in cold obstruction, and to rot,
This sensible warm motion to become
A kneaded clot—

' tis too horrible! "

—*Shakespeare.*

Although over-crowding of cemeteries is confined almost entirely to the countries of Europe, yet there are many American burial-grounds in which this condition exists, and, what is worse, they are annually multiplying. Some of these over-crowded graveyards are situated in large cities, in the center of a dense population. In these churchyards it is impossible to dig a single grave without the disinterring of the bones of one previously buried there. Imagine the consequences of such a state!!!

Now, I say, isn't it far better to remove the possibility of future disease and danger at once, than to allow it to grow by degrees till it assumes a terrible and death-bringing dimension? Isn't it better to refrain from the use of cemeteries entirely, and resort instead to the clean, pure, and non-dangerous system of incineration? Consider! Does it agree with our ideas of right and wrong to endanger the lives of our great-grandchildren or their offspring by our methods of disposing of the dead? For by the time they appear on the stage of this world, the burial-ground now sanitary will have become a breeding-place of disease from over-use.

When we remove burial-grounds to a distance we only postpone the evil. We insure our own safety, if it is true, by so doing, but we encum-

ber the ground with most virulent seeds and leave to future generations, to those who come after us, a terrible crop of pollution, disease, germs, and death. Our own security from harm should not actuate us in this matter. We should be wise enough to prevent the evil while we have the power, so that our offspring will not justly reproach us for entailing upon them such a terrible legacy.

Among American cities there is none that needs a change of method in the disposal of its dead as greatly as New Orleans in Louisiana.

Those that are mowed down by the grim rider of the white horse cannot be buried there, owing to the excessive moisture of the ground which surrounds the city, and the nearness of the water to the surface. It is impossible to dig two feet under ground without coming to water.

At all times the dead have been disposed of in a very careless manner in New Orleans. It is related, that, during the yellow fever epidemic of 1853, when New Orleans had a population 150,000 inhabitants, those that had died of the dread disease were thrown into trenches not over eighteen inches or two feet deep and covered with very little earth, so little indeed, that the first rain that came along washed it away. In a graveyard, situated in the central part of the city, were buried in this manner four hundred bodies, recent victims of yellow fever, and contaminating the air with their poisonous exhalations. The mayor of the city was asked to remove the dangerous condition of the burial-ground. He replied, "that's not my business!" And the commissioners of streets, who was next approached, answered in a like spirit. The state of affairs grew worse and worse, and at last even the negroes refused to act as grave-diggers.

At present they have a system of entombment in the Crescent City. These tombs are in the municipal cemeteries, thirty-five of which are within the city limits, giving them the appearance of a collection of bakers' ovens. The tombs are almost universally made of brick and whitewashed. They vary in size from 3x6 feet to 10x10 feet, or 10x20 feet; there is a post in the center, which is surrounded by shelves on which the body, that is the coffin, is deposited. There the dead rests for about a year, when it becomes necessary to use the tomb for another corpse; then the remains of the preceding occupant of the vault are rudely taken from the casket and dashed head over heels into a pit, where they are left to breed disease.

What wonder, exclaims KATE FIELD, that yellow fever runs riot in New Orleans, when the air reeks with the festering corruption of thirty-five plague spots, exposed for six months of the year to a tropical sun! Think how the death-rate of New Orleans might be reduced by abolition of earth-burials! What better field for missionary work than our own "Sunny South?"

The unhealthfulness of these vaults is apparent to all, but, owing to prejudice, no other disposition of the dead has been adopted. But sooner or later the inhabitants of New Orleans must have recourse to cremation, and burn their dead as they were forced to do once during a cholera epidemic, when one hundred and thirty-five corpses were consigned to the devouring element.

MARK TWAIN, the delightful humorist, the genial "Weltenbummler," when describing the cemeteries of New Orleans, in his new book, "Life on the Mississippi," (chapter XLII, Hygiene and Sentiment, p. 430-433), improves the occasion to condemn the burial of the dead and recommends cremation. He says:

"They bury their dead in vaults, above the ground. These vaults have a resemblance to houses—sometimes to temples; are built of marble, generally; are architecturally graceful and shapely; they face the walks and driveways of the cemetery; and when one moves through the midst of a thousand or so of them and sees their white roofs and gables stretching into the distance on every hand, the phrase "City of the Dead" has all at once a meaning to him. Many of the cemeteries are beautiful, and are kept in perfect order. When one goes from the levee or business streets near it to a cemetery, he observes to himself that if those people down there would live as neatly while they are alive as they do after they are dead, they would find many advantages in it; and besides, their quarter would be the wonder and admiration of the business world. Fresh flowers in vases of water, are to be seen at the portals of many of the vaults; placed there by the pious hands of bereaved parents and children, husbands and wives, and renewed daily. A milder form of sorrow finds its inexpensive and lasting remembrancer in the course and ugly but indestructible "immortelle"—which is a wreath or cross or some such emblem made of rosettes of black linen, with sometimes a yellow rosette at the conjunction of the cross's bars,—kind of sorrowful breastpin, so to say.

The immortelle requires no attention; you just hang it up, and there you are; just leave it alone, it will take care of your grief for you, and keep it in mind better than you can; stands weather first-rate, and lasts like boiler-iron.

"I will gradually drop this subject of graveyards. I have been trying all I could to get down to the sentimental part of it, but I cannot accomplish it. It is all grotesque, ghastly, horrible. Graveyards may have been justifiable in the bygone ages, when nobody knew that for every dead body put into the ground to glut the earth and the plant-roots and the air with disease-germs, five or fifty, or maybe a hundred, persons must die before their proper time; but they are hardly justifiable now, when even the children know that a dead saint enters upon a century-long career of assassination the moment the earth closes over his corpse. It is a grim sort of a thought.

"The relics of St. Anne, up in Canada, have now after nineteen hundred years, gone to curing the sick by the dozen. But it is merest matter-of-course that these same relics, within a generation after St. Anne's death and burial made several thousand people sick. Therefore these miracle performances are simply compensation, nothing more. St. Anne is somewhat slow pay, for a saint, it is true; but better a debt paid after nineteen hundred years, and outlawed by the statute of limitations, than not paid at all; and most of the knights of the halo do not pay at all. Where you find one that pays—like St. Anne—you find a hundred and fifty that take the benefit of the statute. And none of them pay any more than the principal of what they owe—they pay none of the interest either simple or compound. A saint can never *quite* return the principal, however; for his dead body *kills* people, whereas his relics *heal* only—they never restore the dead to life. That part of the account is always left unsettled."

It is refreshing to find in S. L. CLEMENS such an ardent supporter of incineration, but it is not surprising; every man of common sense must, after really studying cremation, come to the conclusion that it is by far the best way to dispose of our mortal body, after that has served its purpose.

The *London Times* lately declared, that for three hundred years English churchyards had been so full, that, like the one in Hamlet, Yorick's bones have had to be dug out in order to put Ophelia's in.

Let us see to what extent this statement is substantiated. Beyond a doubt over-crowding of English cemeteries occurred in the times of Shakespeare. But it is none the less evident that this great poet, who has been and is worshipped by thousands of men as a demi-god only would be, and of whom it is said that he was the best connoisseur of human life, abhorred the practice; and well he might have done so. Who has not been thrilled from head to foot by an indescribable sensation of horror at seeing Hamlet throwing Yorick's skull upon the ground, dismayed over the dire change of the human form in the grave? The dialogue, to which I refer, occurs in Hamlet, Act V, Scene I, and is as follows:

First Clown.—"Here's a skull now hath lain you i' the earth three-and-twenty years."

Hamlet.—"Whose was it?"

First Clown.—"A whoreson mad fellow's it was; whose do you think it was?"

Hamlet.—"Nay, I know not."

First Clown.—"A pestilence on him for a mad rogue! He poured a flagon of rhenish on my head once. This same skull, sir, was Yorick's skull, the King's Jester."

Hamlet.—"This?" (Takes the skull).

First Clown.—"E'en that."

Hamlet.—"Alas, poor Yorick!—I knew him, Horatio; a fellow of infinite jest, of most excellent fancy; he hath borne me on his back a thousand times! And now, how abhorred in my imagination it is! My gorge rises at it. Here hung those lips, that I have kissed I know not how oft. Where be your gibes now? your gambols? your songs? your flashes of merriment, that were wont to set the table on a roar? Not one now, to mock your own grinning? Quite chap fallen? Now get you to my lady's chamber, and tell her, let her paint an inch thick, to this favour she must come; make her laugh at that.—Pr'ythee, Horatio, tell me one thing."

Horatio.—"What's that my Lord?"

Hamlet.—"Dost thou think, Alexander looked o' this fashion i' the earth?"

Horatio.—"E'en so."

Hamlet.—"And smelt so? Pah!" (Throws down the skull).

The overfilling of the cemeteries of England has continued from that time to this. In 1665 and 1666 the plague decreased the population of the greatest metropolis of the world, and the burials became as numerous as sands on the sea shore. The resultance of all this was, as one can easily imagine, that the graveyards become very unwholesome. In justice to the Jews be it said, that their burial-grounds have always been well kept, and were never overcrowded.

An important article, by Miss ISABELLA M. GLADSTONE, on some facts connected with the London cemeteries, which appeared recently in the *London Sanitary Record*, the foremost hygienic journal in Great Britain, refers to the period after 1666:

"Still the population increased, the accommodation for the dead was more and more meagre, and additional churchyards were constantly made. Private adventurers—often themselves undertakers—started private grounds and, as the burial fees were slightly lower than those charged by the parish, these places were much resorted to and became disgracefully crowded. There were always, however, a large number of people who preferred graves in the churchyards, and the sextons were only too ready to find room even if coffins and bodies that had been deposited but a few weeks had to be cut through. Neither the clergy nor the sextons wished to lose their fees, and the sins of the grave-diggers were accordingly winked at. The coffin-wood lighted their fires or helped to line new graves, and so fearful has been the treatment of the dead and the consequent danger to the living, not only in London but also in other English towns, that we cannot but shudder in reading of it. It may be said that these things can go on no longer, and that there is no need to revive the black records of the past. But at the present time a parish churchyard, only a few miles from London proper, is so crowded and yet so much resorted to that, whenever new graves are dug in it, revolting scenes take place. The people like the idea of resting near the old church, and the grave-diggers 'find room.' This example is by no means unique."

In 1839, a bold and true reformer, Mr. GEORGE ALFRED WALKER, surgeon, wrote a book entitled "Gatherings from Graveyards," a publication which thoroughly exposed the evils of burials in towns. Among other

things he tells how, on one occasion at Southwork, he found that a body was dug up in making a new grave. It lay by the side of the open grave, covered only by a shovelful of earth, which had been hastily thrown over it. The funeral-train arrived in due time, and by mistake a mourner stepped on the thinly covered corpse, slipped, and nearly fell into the grave.

Mr. Walker also relates the case of a young woman, who visited the sacred spot where, a short time before, the remains of her beloved mother had been laid to rest. She discovered that the grave had been managed (the disgraceful practice of removing a former occupant of a grave to make room for a new arrival is called—managing), and was horrified to recognize the finger of her mother amongst a heap of rubbish.

Speaking of the time after 1851, Miss Gladstone says:

“It was shown, how it was the practice in Spa Fields, Clerkenwell, to burn the bodies behind a brick enclosure, and how the gravestones were moved about so as to give an appearance of emptiness in certain parts of the ground. It was computed that, by the use of quicklime, by burning the coffins, and *by cutting up and trampling upon the bodies* an average of no less than eighty corpses were crowded into a space fit for one. This was but one of many awful places, such as the burial-ground just below the windows of King’s College Hospital, Enon Chapel, Butler’s ground in Herselydown, or that of Messrs. Hoole and Martin in the New Kent Road. In the vaults of the chapel situated in the latter place ‘lodgings’ were taken for the dead; the bodies were deposited for six months for one pound sterling, after that time the relatives were not expected to inquire the whereabouts of the coffin. This burial ground is now a timber-yard, and the chapel is used as a saw-mill. These are but a few details; they could be multiplied to any extent.”

The burial-vaults of Enon Chapel aforementioned measured fifty-nine feet, three inches, by twenty-eight feet, eight inches. Allowing an average of nine feet for each person, the space would be quite crowded by about two hundred persons. The extreme allowance would be reached by piling the coffins in layers six feet deep; the whole area would then contain twelve hundred bodies, yet from ten to twelve thousand bodies were crowded into these vaults at different times. Twelve hundred they could hold at the utmost; the rest were managed.

The soil of the London cemeteries of St. Giles and St. Pancras was literally packed with corpses, and yet more bodies were buried there.

In a lecture delivered October 17, 1874, A. J. BERNAYS says of the cemeteries of London:

“With the exception of the Necropolis at Woking, none of the great cemeteries have been selected with any attention to the nature of the soil, in regard to its power of promoting or retarding decay. Most of them consist of a more or less dense clay, which in its natural condition is worst adapted to promote decomposition.”

Miss Gladstone claims in her article, that the passage of the Mackinnon bill, prohibiting burials in towns, put an end to these horrible outrages upon the dead, and to the criminal indifference in regard to the welfare of the living.

One has only to read such works as BAKER'S LAWS relating to burial to perceive how many dangers burial legislation has to contend with.

The act prohibiting burials in towns was passed in 1852, and was due to the reported evidence taken before the Parliamentary commissioners of 1842, 1843, and 1850.

In 1850 an incident occurred that seems well nigh incredible and plainly showed the incapacity of the administration. In that year the *London Board of Health* condemned the burial-grounds of Highgate, Kensal Green, Norwood, Nunhead, Brompton, and asserted that they must be closed in the interest of the health of the public. Parliament was to purchase the old graveyards and in their stead a central new cemetery at Abbey wood was to be used. Brompton burial-place only was bought, and instead of closing it the government used this cemetery, condemned by its own sanitary board, at high and paying rates for nearly half a century. Truly ludicrous, wasn't it?

A leading article in the *London Times* of 1874, and publications in several other journals contradict Miss Gladstone's statement in reference to the Mackinnon bill. The *Times* article contains the following:

“When it is necessary, as sometimes it must be, to disturb interments not older than the rest, but of a more ambitious character, the spectacles disclosed are such as to make one envy the pauper his quicker return to Dame Nature's all teeming, all receiving bosom. The family vaults of old parish churches are, as anybody may know, the scene of more grotes-

que incidents, more sacrilegious robberies, more horrible profaneness, than any spot above ground, however open to the every-day world. Nuisances, as they certainly are, they suffer a nemesis in the dishonor and contempt they often bring on the poor remains they were designed to protect and honour."

Again the *Times* of the same year reports that:

"At a vestry meeting at East and West Looe, Cornwall, the chairman, Rev. H. Mayo, Vicar of Talland, described the state of the churchyard at Talland, which is the burial-place for West Looe. Over eight thousand bodies had been interred, he said, in a little more than half an acre of ground. The usual depth of graves was about four and a half feet deep, deeper graves being out of the question, owing to the friable nature of the soil, which was being continually turned over. There are no spaces between the graves, and whenever a person had to be buried the remains of others had of necessity to be disturbed. The sexton had a curious mode of determining whether or not he would be safe in opening any particular spot. *He drove a long iron bar down to the requisite depth, and if he met with no substantial obstacle the grave was dug.* Only last week, the chairman said, he saw a woman beside a newly opened grave in bitter distress, because the remains of one dear to her had been ruthlessly dug up and exposed. The repeated burials had raised the soil to such an extent that the church appeared to be in a pit, and the polluted atmosphere rendered the sacred edifice unfit for public service. There were constantly oozing from the graves in a higher part of the yard a horrible slime, which came on the floor of the belfry. He was obliged to keep disinfectants for the safety of the ringers. Fresh primroses which were gathered and placed in the church for decoration on Easter Saturday, were almost black by the following evening, and a scientific friend had told him it was owing to the presence of sulphureted hydrogen in the atmosphere, in such quantities as would endanger human life. On Ash Wednesday so foetid was the air in the church that the congregation was obliged to withdraw."

In the number of September 27, 1879, the *London Lancet*, the authoritative medical journal of the English speaking world, has the following, concerning the state of some of the burial-grounds of London:

“Communications have reached us, and observations been made, which compel us to draw serious attention to the condition of some of the cemeteries within the metropolitan district, which are rapidly becoming sources of peril not only to the neighborhoods in which they are situated, but to the whole metropolis. *The emanations from some of the newly-opened graves are so horribly offensive as to occasion nausea among those who attend at funerals.* As cases of actual illness, after being present at interments in some of the cemeteries, have occurred, there can be no doubt about the danger. Meanwhile the crowding of the graves is apparent. The number of bodies laid in the earth may not be excessive when calculated upon the whole acreage of the space licensed, but with an eye to the future the ground seems to be appropriated in parcels while in some of the older cemeteries there is really no room for more graves, and the license ought to be withdrawn. This is a matter of so much concern to the health of the community that we forbear to run the risk of weakening the evidence of facts by any comment. The intervention of the secretary of state should not be delayed.”

Of the way some London graveyards are kept Miss Gladstone narrates the sequent instance, that would be amusing, were it not so sad:

“The congregation worshipping at St. James’s Marylebone, on a certain Sunday in 1878, were not a little surprised to hear that if they took the trouble to visit their parish churchyard they would find it dirty, untidy, neglected, strewn with broken crockery, newspapers, rotting meat, eggs, bread, orange-peel, dead cats and rats, and every sort of refuse cast from the neighboring houses; and when their incumbent said that he had counted on one grave, in the centre of the ground, ‘twelve oil kettles, two coal-scuttles, three old hats, and an old umbrella,’ they refused to believe it; but it was true nevertheless. The said ground is better kept now, and will, I trust, ere long be opened as a garden. But there are many more in this pitiable and disgusting state, while the poor inhabitants of the crowded streets sit on the stone copings outside them and the children climb the broken palings to gaze upon—the cats.”

NATHANIEL HAWTHORNE has furnished us (English note books) with an account of an English burial, that of the American Captain Auld, which he attended in his capacity as Consul of the United States at Liverpool. He says:

“We proceeded quite across the city to the Necropolis, where the coffin was carried into a chapel, in which we found already another coffin, and another set of mourners, awaiting the clergyman. Anon he appeared,—a stern, broad-framed, large, and bald-headed man, in a black silk gown. He mounted his desk, and read the service in quite a feeble and unimpressive way, though with no lack of solemnity. This done, our four bearers took up the coffin, and carried it out of the chapel; but descending the steps, and, perhaps, having taken a little too much brandy, one of them stumbled, and down came the coffin,—not quite to the ground, however; for they grappled with it, and contrived, with a great struggle to prevent the misadventure. But I really expected to see poor Captain Auld burst forth among us in his grave-clothes.

“The Necropolis is quite a handsome burial-place, shut in by high walls, so overrun with shrubbery that no part of the brick or stone is visible. Part of the space within is an ornamental garden, with flowers and green turf; the rest is strewn with flat gravestones, and a few raised monuments; and straight avenues run to and fro between. Captain Auld’s grave was dug nine feet deep. It is his own for twelve months; but, if his friends do not choose to give him a stone, it will become a common grave at the end of that time, and *four or five more bodies may then be piled upon his*. Everyone seemed greatly to admire the grave; the undertaker praised it, also the dryness of its site, which he took great credit to himself for having chosen. The grave-digger, too, was very proud of its depth, and the neatness of his handiwork. The clergyman, who had marched in advance of us from the chapel, now took his stand at the head of the grave, and, lifting his hat, proceeded with what remained of the service, while we stood bareheaded around. When he came to a particular part, ‘ashes to ashes, dust to dust,’ the undertaker lifted a handful of earth, and threw it rattling upon the coffin,—so did the landlady’s son, and so did I. After the funeral the undertaker’s friend, an elderly, coarse-looking man, looked round him and remarked ‘the grass had never grown on the parties who died in the cholera year;’ but at this the undertaker laughed in scorn.

“As we returned to the gate of the cemetery, the sexton met us, and pointed to a small office, on entering which we found the clergyman, who was waiting for his burial-fees. There was now a dispute between the

clergyman and the undertaker; the former wishing to receive the whole amount for the gravestone, which the undertaker, of course, refused to pay. I explained how the matter stood; on which the clergyman acquiesced, civilly enough; but it was very strange to see the worldly business-like way in which he entered into this squabble, so soon after burying poor Captain Auld.

"During our drive back in the mourning-coach, the undertaker, his friend, and the landlady's son still kept descanting on the excellence of the grave,—‘such a fine grave,’—‘such a splendid grave,’—and, really, they seemed almost to think it worth while to die, for the sake of being buried there. They deemed it an especial pity that such a grave ever should become a common grave. ‘Why,’ said they to me, ‘by paying the extra price you may have it for your own grave, or for your family!’ Meaning that we should have a right to pile ourselves over the defunct Captain."

The idea to be piled upon the Captain after death, does not seem to have been attractive to Hawthorne, as he took no steps to secure the grave for himself and family.

From time to time the attention of the British authorities was directed to the shameful state of the cemeteries of the Metropolis and other places. In that case the matter was brought before Parliament, the government ordered an investigation, a committee was appointed to examine the grievances, the committee returned a report with the testimony of witnesses, and the report was ordered printed. The report commonly made a very large volume which looked exceedingly pretty on the shelf on which it was placed, but became dusty in a comparatively short time from non-use. The excitement had quieted down, public opinion and the press were pacified, Parliament was satisfied, and the condition of the burial grounds remained the same as before.

You must not presume, however, that the graveyards of other lands present a better aspect. WILLIAM CULLEN BRYANT speaking of the "Holy Field" of Havana (as the cemetery is designated there) in his "Letters of a Traveler," tells us:

"I had also the same afternoon visited the receptacle into which the population of the city are swept when the game of life is played out—the *campo santo*, as it is called, or the public cemetery of Havana. Going out

of the city at the gate nearest the sea, I passed through a street of the wretchedest houses I had seen; the ocean was roaring at my right on the coral rocks which form the coast. The dingy habitations were soon left behind, and I saw the waves, pushed forward by a fresh wind, flinging their spray almost into the road; I next entered a short avenue of trees, and in a few minutes the volante stopped at the gate of the cemetery. In a little enclosure before the entrance, a few starveling flowers of Europe were cultivated, but the wild plants of the country flourished luxuriantly on the rich soil within. A thick wall surrounded the cemetery, in which were rows of openings for coffins, one above the other, where the more opulent of the dead were entombed. The coffin is thrust in endwise, and the opening closed with a marble slab bearing an inscription.

"Most of these niches were already occupied, but in the earth below, by far the greater part of those who die at Havana, are buried without a monument or a grave which they are allowed to hold a longer time than is necessary for their body to be consumed in the quicklime which is thrown upon them.

"Every day fresh trenches are dug into which their bodies are thrown generally without coffins. Two of these, one near each wall of the cemetery, were waiting for the funerals. I saw where the spade had divided the bones of those who were buried there last, and throw up the broken fragments, mingled with masses of lime, locks of hair and bits of clothing.

"Without the walls was a receptacle in which the skulls and other large bones, dark with the mould of the grave, were heaped."

Further on BRYANT says:

"Commonly the dead are piled without coffins, one above the other, in the trenches."

At our last meeting I read clippings from magazines, etc., regarding the condition of burial-grounds in Mexico, Chili, Spain, and Turkey; you remember the horrible state that was described.

The cemeteries of Paris, France, are in no better condition; the mould in the old Cimetiere des Innocents is literally saturated with corpses; Montmartre and Mont Parnasse are overcrowded. As for Pere la Chaise—the burial-place, that has been praised in poetry and prose, (the resting place of RACINE and MOLIERE), that has been adjudged the most beautiful cemetery

in the world—Pere la Chaise is packed with decaying bodies. A cable dispatch dated December 27, 1883, reported that the municipal council of the city of Paris had resolved upon leaving those, that fell during the blood-thirsty La Commune, at Pere la Chaise for a period of twenty-five years. Ordinary cadavers must be dug up after five years, to make room for their ghastly successors.

In "God's Acre Beautiful" the author, Mr. W. ROBINSON, makes the sequent comment on the graveyards of Paris:

"To any one accustomed to associate cemeteries with gardens more or less beautiful, the cemeteries of Paris are far from being agreeable. In these, human love does not fail in its testimony; but such are the evils of overcrowding, of still following plans less evidently wrong when the city was much smaller, and of the odious system of using the same ground for interments many times over—that the best aspects of these cemeteries are painful. Nothing more agreeable is to be seen than crowded stones, and whole acres covered with decaying blackened 'immortelles.' In the portions devoted to graves of the rich, or of such as passed on their way to the grave by the paths of fame or glory, a little chapel or a ponderous tomb often prevents for a time the common dust of individuals from mingling with the common clay of their neighbors, and the earth is not used merely as a deoderising medium, as in other parts of the same cemetery.

"Where the poor people bury their dead in this part of the graveyard may be seen a most revolting mode of sepulture. A very wide trench or fosse is cut, broad enough to hold two rows of coffins placed across it, and one hundred yards or so in length, there they are rapidly stowed in one after another, close together, no earth between the coffins, and wherever the coffins, which are very fragile, happen to be short, so that a little space is left between the two rows, those of children are placed in lengthwise between them to economize space; the whole being done much as a workman would pack bricks together. This is the fosse commune, or grave of the humble class of people, who cannot afford to pay for the ground. The remains of these people thus dishonored are not even allowed to rest in the grave, such as it is, but after the lapse of a short time their bones are dug up and the ground prepared for another 'crop.' A cutting, thirteen to fourteen feet wide, with the earth thrown

up in high banks on either side, a priest standing at one part near a slope formed by the slight covering thrown over the burial of that day, and frequently, a little crowd of mourners and friends, bearing a coffin. They hand it to the man in the bottom of the trench, who packs it beside the others without placing a particle of earth between; the priest says a few words, and sprinkles a few drops of water on the coffin and clay; some of the mourners weep, but are soon moved out by another little crowd, with its dead, and so on till the long and wide trench is full.

“ They do not even take the trouble to throw a little earth against the coffins last put in, but simply place a rough board against them for the night. Those places not paid for in perpetuity are completely cleared out, dug up, and used again after a few years. The wooden crosses, little headstones, and countless ornaments, are carted away or are thrown together in great heaps, the crosses and consumable parts being generally sent to the hospitals as fuel. The headstones from such a clearance (when not claimed in good time by their owners) go to make the drainage of a drive, or for some similar end. And yet these people, who cannot afford to pay for the ground in perpetuity, go on erecting headstones, and bringing often their little tokens of love, knowing well that a few years will sweep away these, and that afterwards they cannot even tell where is the dust of those that have been taken from them. One day, when in the cemetery of Mont Parnasse, I saw the workmen making a new road, the bottom of which was formed of broken headstones, many of them bearing a date four years before. These had been placed on ground that had not been paid for in perpetuity, and were consequently grubbed up at the end of a few years when the ground was required again for another series of these disgusting interments. The plan is, however, on the whole, more decent and less dangerous than the London one of piling many bodies one over the other, with a very little soil between each.”

In Portugal the soil has become so packed with corpses, that an effort was made to enact a law that after five years all interred bodies should be dug up and subjected to cremation. This means that after the dead have saturated the ground with disease-producing emanations, and have exhaled nearly all their virulent effluvia into the atmosphere, sacrificing the welfare of the living to superstition and prejudice, a late incineration shall take place to save space.

Of American cemeteries I only need mention potter's-field of New York, the name of which is not spoken or heard by an American without an involuntary shudder. Our graveyards are, of course, not like the cemeteries of the old world, where the exhumation of bones takes place daily to make room for the recently deceased, but they will become so unless the damaging prejudices are laid aside and something is done to prevent such a poisonous and dangerous situation. In some of the old cemeteries in our cities it has become impossible to dig another grave.

REV. JOHN D. BENGLESS, D. D., thus describes the burial-ground of New York city:

"Of the great cemeteries about New York there is not one, not even Woodland or Greenwood, in the public lots of which three or more bodies are not put in one grave; that of John Doe, who died from 'a bare bodkin,' being sandwiched between those of Richard Roe and James Low, who were victims respectively of small-pox and yellow fever. In the public or poor quarter of Cavalry cemetery a far worse state of things obtains—more appalling than even the Fosse commune of Paris, for it is the Fosse commune *sans chaux*. A trench is dug seven feet wide, ten to twelve feet deep, and of indefinite length, in which the coffins are stowed tier upon tier, making a flight of steps, five or more deep, and with not enough earth to hide one from the next. And this is our vaunted 'christian burial' in this new country with its myriads of broad acres! What shall our children say of us when they come perforce from stress of space to build their dwellings upon these beds of pestilence."

That is the way we, "the christian nation par excellence," treat friendless paupers and criminals. Shame! shame!! A dog is more decently interred.

The cemeteries of the city of Brooklyn occupy nearly two thousand acres of land. A thoughtful, eminent, physician gives it as his opinion that the prevailing southwest wind blowing over these corruption festering plague spots carries to Flatbush the germs of typhoid fever and diphtheria and swells the death-rate of that city to its present alarming magnitude.

The more one considers cremation, the more one finds himself wondering how it has come to pass that we practice interment with its many faults and dangers and do not burn our dead.

CORRESPONDENCE.

LETTER FROM GERMANY.

BERLIN, Oct. 27, 1886.

DEAR REPORTER:—Thinking that a few words regarding the methods of Prof. Bergmann, of the Berlin University, might be of interest to you, I write you a short letter.

Over fifteen thousand cases are treated each year at the Royal Clinic and Policlinic, and from this superabundant material, cases are selected for operation before students. During the semester the professor operates two hours daily. In the management of this hospital, there is but one mind—one man whose wishes are consulted—viz.: Bergmann. There is no board to stand between him and the realization of his ideas of a perfect hospital. Skilled assistants of his own choosing aid him in the operating room, while nurses of his own training are in constant attendance in the wards. But it is of the operating room that I wish to speak. To produce anæsthesia, chloroform only is used; a single thickness of flannel cloth stretched over a wire frame is the inhalation apparatus, and upon this cloth, placed over the patient's mouth, the anæsthetic is dropped—not poured. Take a three-ounce vial, fit the stopper with two glass or metal tubes, one reaching to the bottom for the admission of air, the other just through the stopper to permit escape of fluid, precisely as in a druggist's wash bottle. The finger over the external opening of the air-admitting tube permits the chloroform to escape in a very minute stream, or drop by drop, as willed by the anæsthetizer. It may not be amiss to state that Professors Schröder and Bardeleben also use chloroform administered in the same way. As soon as the patient is partially under the influence of the anæsthetic, a very important part of the operation begins. An assistant washes the part to be operated on, scrubs it with soap and brush, sparing neither soap nor friction. Next, the copious lather thus produced is washed off with a one-to-one-thousand

solution of bichloride of mercury. The parts around the seat of the operation are covered with one or more towels, lightly wrung out of the same solution, and should the operator not be ready, several folds of gauze, also dipped in bichloride solution, are spread over the part to be operated on. The operator, as all assistants, has thoroughly washed and disinfected his hands, and all are clothed in white, newly-washed, fully-disinfected operating gowns, which reach to the ankles. The instruments, all with metal handles, are lying in a three-to-one-hundred solution of carbolic acid.

To control hemorrhage, Esmarch's rubber bandage is not used; it is exceedingly unclean from an antiseptic standpoint, and so bruises the tissues that subsequent capillary oozing is far more profuse with than without its use. Instead, the arm or leg is raised for an instant, stroked in the direction of the body to encourage the return of venous blood, and a piece of rubber tubing is passed one or more times around the limb, near its junction with the body. With this precaution there is absolutely no loss of blood—no bleeding until the rubber is loosened. Should the operation be one in which the "*vis. a tergo*" cannot be controlled, as the excision of the mamma, assistants at once catch up every bleeding point with an ordinary slide-catch torsion forceps. As many as twenty of these instruments may be bristling from a wound before they stop to ligate with cat-gut. Every point that has bled is tied—*i. e.* they don't remove a forcep to see if bleeding still continues, but at once ligate everything, differing in this respect from the practice at Guy's, London, where they make it a rule not to ligate even the femoral, torsion taking the place of the ligature in all cases. In some operations they may stop several times to ligate, when the forceps grow too numerous. The spray is not used. From time to time during a long operation the wound is rinsed out with a solution of bichloride, and always before closing. Carbolic acid does not come in contact with the wound, except when the saw is used, when a gentle stream of a three-to-one-hundred solution is thrown, by means of a fountain syringe, against the teeth of the saw, thus securing a double-end disinfection and the saw runs more easily.

All incised wounds are closed at once, unless so situated that pocketing is imminent, when a drainage tube is introduced. Some wounds, as a

psoas abscess, are packed for three days with iodoform gauze, when the gauze is removed, a drainage tube is introduced and the wound closed. The same practice is pursued in an exsection of the ankle joint. Iodoform gauze is prepared by saturating strips of gauze with the following solution, and subsequently drying:

Iodoform	1 part
Ether.....	2 parts
Alcohol	4 parts

Where it is desirable to pack a wound, gauze prepared in this way is certainly a most excellent dressing. When a wound has been closed by means of sutures or over the iodoform gauze packing, the dressing is as follows: First, antiseptic gauze, not applied in so many layers, but it is cut in squares as large as a lady's handkerchief, and being crumpled, is merely piled over and about the wound. Next comes antiseptic absorbent cotton. This is cut in strips about four inches wide, and applied not only over the wound, but for some distance above and below, and around the entire body. For instance, in the excision of the knee, this cotton is applied from the toes to the umbilicus. Over the cotton an ordinary roller bandage, and over all the starch bandage. This starch bandage is purchased in supply stores, and before use is soaked in water as is our plaster bandage, and applied wet. It is light, holds all underdressings firmly in place and secures a certain amount of immobility. Of course, where absolute fixation is demanded, as in knee excision, this starch bandage is replaced by one of plaster of paris.

The above dressing is certainly almost perfect. The gauze readily absorbs what little oozing may take place, while the cotton is a very comfortable dressing, and forms an almost impassable barrier to bacteria. The gauze and cotton are prepared by soaking in the following solution, and subsequently drying:

Bi-chloride (of a ten per cent solution).....	7 parts
Alcohol.....	1000 parts
Water	1000 parts
Glycerine.....	400 parts

Bergmann operates carefully, fearlessly, is conservative in the full sense of the word. During a long period of visits at his clinic, one sees

many excisions, but few amputations. In knee-joint he saws through and retains the patella.

By way of closing, it may be interesting to note that a patient died from the effect of chloroform last semester, at Bardeleben's clinic. The autopsy revealed a fatty heart, and perhaps the fault was not so much that of the anæsthetic as that of the anæsthetizer, who should know the danger.

Once I saw very dangerous symptoms at Bergmann's clinic. Artificial respiration for five minutes and all was well.

Yours sincerely,

L. W. LITTIG.

AN INTERESTING LETTER FROM "MEDICUS."

COUNCIL BLUFFS, IOWA, Nov. 1, 1886.

To the Editor of "The Reporter" :

Not much of interest, to the profession at large, has occurred here since my last letter.

Malarial diseases have prevailed more generally this season than for two or three years past. Scarlet fever and diphtheria have been slightly prevalent, with but few if any deaths.

The Medical Society has not been so well attended as I predicted it would be; in fact, only two meetings have been held since the annual meeting. At one of these Dr. Lacy read a paper on "Sporadic Dysentery," with cases, and at the other Dr. Seybert reported briefly, a case of "Phymosis Causing Fatal Cystitis." Dr. Lacy's paper related principally to the treatment of the disease; condemned the use of astringents *per se*, as of no service, in which view the majority of the members concurred. In one case the doctor resorted to large and repeated injections of cold water, passed through a tube to a point above the seat of the disease, with most decided and prompt relief.

No society can prosper and render its meetings interesting and instructive unless every member does his individual duty in trying to make

them so. If the officers are negligent in their attendance, the membership is sure to be.

This city seems to be the Western headquarters for the so-called "Christian Scientists;" no less than twelve to fifteen women and one man being engaged in the "practice," while the drummers are numbered by scores. If their claims of being able to arrest the pains of premature labor by telegraph from Boston, as is alleged in this city, should be substantiated, it will not be very long before it will become exceedingly unsafe for virgins residing within the circuit of a telegraph line. Vaginitis will be no bar, and the imperforate hymen will have lost its sacredness.

More anon.

MEDICUS.

SOCIETY REPORTS.

GUTHRIE COUNTY MEDICAL SOCIETY.

PANORA, IOWA, Nov. 8, 1886.

After an elapse of some years, this Society has reorganized, with the hope that it may be a permanent and successful one. We met at the Dale House, Guthrie Center, and the following signed the Constitution and By-Laws: F. C. Jones, T. J. Shreves, John Bower, C. O. Sones, J. H. Kersey, C. M. Drumler, A. M. Lakin, E. L. Bower, D. T. Densmore, Ira D. Payne, W. H. Archer, Oscar Fordyce and Amelia C. Wiedmann.

After reading the minutes of the last meeting and attending to other necessary business, the Society listened to a very interesting report of a case of puerperal septicæmia by Dr. J. H. Kersey. His method of treatment was the injection of about two gallons of one per cent solution of corrosive sublimate. Whenever the fever run up high, it always resulted in the temperature to about normal inside of two hours. In the general discussion which followed, Dr. F. C. Jones stated that he always used large doses of quinia in conjunction with the injection, and believed it safer to use the two together than to rely on the injections alone.

Dr. Jones reported the progress in eliminating irregular practitioners from the county, or rather check-mating those who are endeavoring to get certificates from the State Board under false pretenses. Dr. Jones was requested to take what documentary evidence he could procure and appear before the State Board and oppose those who were endeavoring to get certificates illegally.

Dr. Wiedmann then read a paper on "Eczema" which was a well written and very able paper. During the discussion, which was general, Dr. Kersey stated Norman Bridge's method of treatment, which was tonics, quinia, iron and Fowler's solution, as indicated, and an application of tar plaster to the eruption.

Dr. Sones then read his paper on "Neurasthenia," the discussion of which brought out many different methods of handling that disease.

Dr. Drumler then read a paper on the "Radical Cure of Hydrocele by a Painless Method," with drawings to illustrate the different procedures. The doctor deserves great credit for its production, as it is the first of the kind ever read west of New York, so far as we are able to learn. He intends reading it at the next meeting of the State Society.

Dr. Densmore stated the method practiced at the Cook County Hospital.

Dr. Fordyce and Dr. Lakin were appointed to read papers at the next meeting.

The next meeting will be held at Guthrie Center, May 2, 1887.

J. BOWER, *President*.

F. C. JONES, *Secretary*.

EIGHTH ANNUAL MEETING OF THE KEOKUK COUNTY MEDICAL SOCIETY.

SIGOURNEY, IOWA, May 11, 1886.

The meeting was called to order by Vice-President Dr. W. S. Parkes, of Sigourney.

The members present were: Drs. Parkes, Sherlock, Hamilton, Cameron, McKinnis, Cook, McWilliams and Auld.

Visitor: Dr. H. B. Leshner.

Dr. Leshner made application for membership. The Board of Censors recommended him for membership as a visiting member only.

After the usual routine business came the reading of papers and reports of cases.

Dr. J. M. Auld read a paper entitled, "The Use of Antithermic and Antipyretic Remedies."

Dr. P. Sherlock presented a case for examination; also reported two cases, one diagnosed by several physicians as rheumatism, and in which all anti-rheumatic remedies were made use of with no effect; but with the use of chloral and pot. brom. the case was relieved. These were fully discussed by those present.

The following officers were then elected for the incoming year:

President—Dr. W. S. Parkes.

Vice-President—Dr. C. M. Hamilton.

Secretary—Dr. J. M. Auld.

Treasurer—Dr. T. B. McWilliams.

Censors—Dr. P. Sherlock and Dr. C. M. Hamilton.

J. M. AULD, *Secretary.*

TRANSLATIONS.

BRAIN AND MIND IN NEW-BORN CHILDREN.

[Translated from the German for THE REPORTER.]

Almost the whole substance of the cerebrum in adults consists of white, medullated nerve fibres, which partly run downwards from the cortex to the periphery, partly connect single cortical regions with one another.

A cut through the infant's brain, however, shows that scarcely anywhere these white fibres exist. There prevails everywhere an uniformly

reddish-gray color; only at one place, there is already at birth one filament medullated, and, on that account, white and visible. It is within the first year of life that so many fibres of the brain become surrounded with marrow, as to show no essential difference in the appearance of the brain of an infant and that of an adult, when cut through. The deeper lying ganglions of the crus cerebri and the larger part of the medulla spinalis are almost all finished in their fibrings at the time of birth.

In accordance with both the results of experimental investigations and those disclosed by pathology, there can be no doubt that the cerebrum is the seat of the higher psychical functions, especially of the reasoning power and the power of recollection. Animals of low order can seemingly execute most of their vital functions, even then, when they are deprived of the cerebrum, still peculiar outside irritations are required to induce them to execute motions. Without these irritations, spontaneously, no expressions of will take place. In general, the cerebrum proves to be of considerable importance, individually, only for animals of higher order. With the porpoise the mass of the cerebrum amounts to forty-five per cent; with cats, sixty-two per cent; with horses, sixty-five per cent; with dogs, sixty-seven per cent, and with monkeys, seventy per cent of the whole substance of the brain. That for the human being the condition of the cerebrum is of the greatest importance is seen clearly by the fact that injuries of the same are followed by consequences much more fatal than would be the case with animals.

Though Aristotle had already called attention to the importance of observations regarding the mind entering into existence, it has only been a short time ago that psychology was actually much more than a domain of speculative philosophy. Not before the year 1860 this part of the empirical psychology has been fairly established by Kussmaul and others. After Kussmaul, Genzner, Darwin and Preyer have diligently engaged themselves in the study of the infant's mind. The results derived from their observations are the following:

In the just-born child we notice, at first, no expression demonstrating that it has altogether a clear perception of impressions from its surrounding. The first thing striking attention perhaps is that, on an uncovering of the skin, it reacts by crying, that it feels the difference in the temperature newly surrounding it. As close observations of the

first hours of life have proven, it also has a perception of certain tactile impressions, and a slight sensibility of pain. Other sensations it receives very soon from a part of the organs of sense.

Touches are felt on the very first day of life, for the touched tongue turns into a channel, and the touched lips commence sucking.

How clear, however, these feelings are is uncertain; it likely depends on the so-called reflex actions. The reflex irritability is a great one in the new-born child; from all the parts of the skin and mucous membrane reflections may be generated. Only later, towards the end of the twentieth week, the child becomes aware of having touched something. The very first perception and cognition of touching is given by the sucking of the mother's breast. It is well-known that new-born children very soon learn to still their hunger by way of sucking, and also begin to suck at things put into their mouths, for instance, a finger.

That impressions of temperature are felt has already been stated. Up to the seventh day of life, there is no sensitive impression causing such an expression of pleasure as a warm bath.

The sense of seeing is of a low state at first, but light and darkness are well distinguished. Kussmaul saw a prematurely born child soon after birth turn its head towards the light every time they had turned it away from it. Light-colored objects, for instance, the flame of a candle, are also noticed. Objects of a smaller size or darker hue are not perceived. It takes some weeks till the eyes can fix anything, and not before the second month will the child notice a finger moved before its eye. But several months will pass before an object is really recognized. The ability to do this requires much experience; the first two years of life will elapse before a child actually knows the greater part of the objects surrounding it. Man has to learn what he sees.

As to hearing, it does not exist in the first days of life, since no air has yet entered into the cavity of the drum, but already at the end of the first week, one sees the lashes of the eye quiver, when there is a large noise near by. That, after this time, the sense of hearing is pretty soon and finely developed is known.

Of all the organs of senses the organ of taste is best in function at birth. Investigations have shown that new-born children display different kinds of mimics, accordingly as there are sweet or bitter tasting things put on

their tongues. Very young babies sometimes refuse any other milk than that they have been accustomed to, but it is likely that the sense of smell, being in existence the second day of life, herein plays a part.

Even from the hour of birth, the new-born child expresses its feelings of comfort or discomfort by certain motions of the face and limbs, which are quite analogous to those used by grown-up persons similarly affected. Babies will open their eyes, kick with their feet, and smile (from the second month), when freed from hindering clothes, or warmed by a tepid bath. Moderately bright impressions, objects, especially shining ones, put in motion before their eyes create on the face of an infant of six weeks an expression of joyous contentment. From the second month, acoustic impressions, for instance playing at the piano and singing will quiet a dissatisfied child and cause a lively expression of joy in the face of one quietly resting. In the course of the fourth month the desire of grasping at things commences, which increases during the fifth and six months. At this period, children also show plainly their joy when carried into the open air. Soon after, a liking for other things, as watches, toys, etc., is manifested.

In the whole, most of the feelings of joy in new-born children arise from the removing of those causing displeasure as hunger, cold, discomfort. No expressions of the child, during the first weeks of life, indicate that it remembers anything it has perceived, and acts accordingly that it goes in quest of a perception by itself in behalf of information that it uses, at all its apparatus of sense, wilfully. Only by degrees, when the same impression has occurred a thousand times, it is recognized. How long does it not take till the face of the mother or nurse is distinguished from other indifferent faces! Only gradually, the perception combines itself with the idea. There is nothing indicating that the human child enters life with even a small stock of ready imaginations, inherited or innate conceptions.

The new-born child, therefore, resembles very much an animal that has been deprived of the larger portion of the cerebrum.

It is very interesting to combine with this result the anatomical condition of brain in the new-born children. As stated at the beginning, the nerve-tracts are not yet surrounded by medullary sheaths, with the exception of one only. Accepting Meynert's theory of the

structure of the brain, and following the growing of the fibres in the course of the first year, we are enabled to form an idea how the organ of mind is likely developed. Meynert makes the following supposition:

The ganglion cells numbering to about a billion, and extending over the surface of the brain are endowed with the faculty to retain impressions, once received, as pictures of recollection. To these, by way of the corona radiata fibres, the impressions of the senses come. When two cells have frequently been put in commotion at the same time, the excitation of only one of them will later create a picture of recollection in the other. We can, for instance, hardly think of a flame, without remembering at the same time, the heat proceeding from it. Numerous fibres, called by Meynert fibres of association, combine the single ganglion cells with one another. These fibres are, on that account, the anatomic substrata on which the various processes of thinking take place. A great number of mental derangements, especially erroneous judging and deductions, can be retraced to the destruction of fibres of association.

Now then, in new-born children the connections of the deeper centres with the cortex, the seat of the pictures of recollection, are still wanting; nor is there anything indicating that the connectives of the cortical regions, the fibres of association, already exist. In proportion with the impressions man receives from the outer world, these fibres are developed. Only at a late time after, they combine themselves with one another. It is very probable that, through the whole life, such connecting fibres in the brain are formed anew.

If Meynert's theory is a correct one, we may then regard learning as creating pictures of recollection, and thinking as the creation of fibres of association and the making use of those already in existence.—*Wiener Freie Presse*.

SELECTIONS.

ANTIPYRINE IN THE INFECTIOUS DISEASES OF CHILDREN.

Hildebrand, (*Arch. f. Gynak.*), reports under this title the histories of twenty-two cases of typhoid fever in young children in which antipyrine, in doses of eight grains, invariably produce a diminution of the fever heat of at least 2° C. In some instances five grains lowered the temperature as much as 3° C. The course of the disease was not shortened, but the patient's condition was ameliorated, the mental disturbance being less marked than usual, and the diarrhœa and bloody evacuations checked. Slight depression was observed in three cases, severe collapse in three, and impending heart-failure in two. The amount of the drug given should be carefully regulated and the patient watched with more than ordinary vigilance. In scarlet fever and diphtheria the results are not so satisfactory as in typhoid fever. In these diseases, antipyrine should be employed with great circumspection.—*New York Medical Journal*.

TO PREVENT MAMMARY ABSCESS.

Although Dr. Goodell ridicules the idea of aborting mammary abscesses, which he does not think can be done, yet Mr. Miall (*British Medical Journal*) says that when mammary abscess is on the point of forming, he has frequently seen all the symptoms rapidly disappear in a few hours, under the influence of fomentations with hot water and carbonate of ammonia. He uses an ounce of the carbonate in a pint of water, and when solution is accomplished the temperature of the fluid will be hardly too high for fomentation to be commenced with cloths dipped in the liquid. He applies them for from half an hour to two hours, at the same time protecting the nipples. He has often had immediate relief, and seldom requires to make more than three applications.—*American Medical Digest*.

EDITORIAL.

THE STRENGTH OF THE MEDICAL PROFESSION.

The medical profession has a moral, numerical and social or political strength. Its moral strength has long been a known quantity. Its manifest power has been, and is being felt in every household and in every community. The pulpit has manifestly exerted less power in shaping or modifying customs, habits, prejudices, fanaticism and even religious impressions. It is self-evident that the other strengths follow and are in a direct ratio to the moral. It is rare that they are known other than in their latent state, except in the occasional individual exercise. As yet, the medical profession have never known and have never felt their full strength; *first*, from lack of individual effort, and *second*, from lack of united and combined effort. It is not difficult to understand the reason for this indifference. The average physician who has successfully established his moral influence, has acquired habits that make him exclusive to other subjects, to companionship and to social pursuits and interests. Does this exclusiveness broaden his experiences or does it contract them? Does the broadening, or does the contracting of his experiences and ideas make him a better physician? That close application to the profession is essential for success, is true. The difficulty lies in recognizing that which pertains to the profession. Like a man with but one idea, the professional man who is confined within the walls of his medical library and of his individual contact with disease, is narrow minded and full of prejudices, with a cranky tendency. Another illustration that "a little learning is a dangerous thing." What makes a strong physician, is a man who has a liberal preliminary education and a thorough ground work in the theory and practice of his profession, who, with these acquirements, is so constructed that he will do more than simply remember them, will perpetuate, combine and rearrange them so as to create new forms in anticipation of every combination which, from his past experience, should be suggested, that he will recognize and analyze a new combination which is a modification of his past experiences, and that he will reason from cause to effect and from effect

to cause. A man with but one idea can have but one combination. A man with a multiple of ideas has a multiple of combinations which are compounded in a ratio many times greater than that of the increase of the ideas themselves. The fault lies not in a too great knowledge of too many things, but in little learning of too many things. One's capacity is limited. The fundamental or social laws which truly regulate and establish the relation of things belonging to one class of life, profession or association, are identically the same as those which govern all the others, therefore, if one is well trained, well grounded with the principles of some one class, he has but to know some of the effects of others to make true deductions. He is capable of adding groups of facts without detracting from his knowledge of others, on the contrary, each addition broadens and strengthens his fundamental knowledge by repetition. If, on the other hand, one has a little learning of some one thing, without a knowledge of the fundamental or social laws, and depends upon a retention of the facts alone, each group that he adds must be learned and treated separately, and his knowledge, which is superficial, is confined to the cultivation of his memory. As one's capacity is limited, it is easily understood why the several groups of facts, without a knowledge of the fundamental principles of any one, will become weaker with each addition, as he must use the same labor in acquiring each new group.

Thus we see that the physician well grounded by the principles of a liberal preliminary education and the principles of his profession, is a broader, stronger and better physician in proportion as he knows more of other subjects.

There is but one exception, a scientist who devotes his whole life and aim to the carrying out of minute details of some one branch of some subject. This man is never fitted for active duty among the people in the practical prosecution of his profession. Attempts are often made by physicians and students to learn and to approach this detail, charging their memory instead of broadening and strengthening their minds and their capacity for the practice of their profession. It is also apt to create theoretical, well read, but not practical men.

The physician who has but a superficial knowledge of his profession and a superficial knowledge of few other subjects, becomes very superficial, or rather, does not gain a knowledge of his profession as he acquires superficial knowledge of new facts. The public have so long recognized

the theoretical, but well read man and the superficial man, and have associated with them dabbings in other lines of business, often necessary to maintain an existence, and, also, inferiority as practitioners of their profession, that they have learned to recognize in a physician a knowledge of other subjects than professional, a rating of the physician himself as a practitioner. In this manner the public have gradually drawn about the best of the medical profession, lines of limitation, contracting their fields for honor, distinction and usefulness, rendering impotent their numerical and social or political influence. This general exclusiveness has been so dominant that it is aped by the quack, by the superficial, and by the intelligent physician. One, to gull the public, one, to hide his ignorance, and the other, as a matter of business sagacity. Although the public requires this exclusiveness, it knows and appreciates its hypocrisy. No better illustration can be found than upon the stage where the character of the physician is always one to excite ridicule. It is the same exclusiveness that has made the field so prolific for quackery. There is but one remedy. Forcible assertion of the numerical, social or political power which justly and honorably belong to the medical profession. As a natural result of their moral influence, the physician has a right to power, ambition, social distinction and wealth. By taking this right he will better his own position, elevate his profession, and do a christian act to his own family, and all without detracting from the moral obligations of his professional duties.

In this state the situation is such that it lies within the profession itself whether it shall exert its other powers and take an advance step which will result in its own advancement, and to the individual success of its members. It should throw off its erroneously called conservatism and mix with men and ideas, should be broad, liberal and honest and it should hide its prejudice, if it cannot destroy it.

A year ago the writer received numerous letters from those of the profession who had interest enough to write upon the subject of medical legislation. A large percentage of them, while favorable, expressed no faith in themselves or in others, even to the very last. The success of last winter demonstrated their error.

The result of the late state election developed the fact that the latent, numerical, social or political power is becoming manifest. As a result of the law regulating the practice of medicine, a large collection of

those who had not the knowledge of medicine to qualify, combined and made a personal and vigorous fight upon Hon. J. A. Lyon, during his candidacy for Auditor of State, the sole reason being, that he lent his name, influence and abilities to the passage of the Medical Law. This was in a spirit of revenge, also the beginning of the attempt to break down, either through the courts or the next General Assembly, the force of the present law. Money was raised and expended freely. Without combination, and through a sense of honor, the profession of the state quietly, irrespective of politics, supported the candidacy of Mr. Lyon. And what is the result? He received more votes than any other candidate on the state ticket, running over a thousand votes ahead of the candidate for Secretary of State. Accepting fifty per cent of the claims of the special opposition to Mr. Lyon and add thereto the one thousand increase over and above the head of the ticket, then, without combining, without any noise, without other motive than a sense of honor, the influence of the medical profession threw to Mr. Lyon's support a solid block of a little over six thousand votes. This is a result to be remembered.

The basis of success in all professions and business, wherein there is competition, lies in a knowledge of the profession or business itself and of human nature, and in an executive ability. In no field are the opportunities better, than in that of medicine, for a knowledge of human nature. In one who has the ability to acquire the others, executive ability is the result of good health and practice.

The creator is greater than the thing created. The king-maker has more power than the king. It is not necessary for a physician to become a politician, in order to have political power. It is not necessary for the physician to be an office-seeker, or to hold an office, in order to have political power. Nothing can be smaller than an alliance for the purposes of office.

The political field is small, and should only be used as a means of counting strength. The social field is large, and it is here that the physician should assert himself and make his influence felt, in his own interest and in the interest of his profession, casting off his exclusiveness, making others draw the "chestnuts" of power, wealth and social distinction.

EDITORIAL NOTES.

Contrary to our custom, we have devoted considerable space to original matter from a contributor out of the state. The subject of this long article, "The Torch vs. the Spade," is one which treats of a very old custom, fortified by superstition. Any subject of this nature, in order to appeal to the consideration of the public, when it approaches contrary to its popular prejudices, must stir up an equal or greater adverse prejudice than that surrounding the custom itself. It is for this reason that so much space has been devoted to this subject, that an impression may be made that will remain with the reader, and to establish a precedent.

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Dr. W. S. Robertson, of Muscatine, President of the State Board of Health, is confined to his house and room from a stroke of Apoplexy, having lost the use of one side. Dr. Robertson, who has long been identified with the professional interests of the state, has a large circle of acquaintances and admirers who wish him speedy recovery.

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE.

	REPORT FOR OCTOBER, 1886.		
	M.	W.	T.
Admitted.....	14	16	30
Discharged.....	7	7	14
Remaining....	406	324	730
Left for visit.....	8	5	13
Returned from visit ..	3	1	4
Discharged recovered.....	1	5	6
Discharged improved.....	1	0	1
Discharged unimproved.....	0	0	0
Discharged died.....	5	2	7

GERSHOM H. HILL, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

	REPORT FOR OCTOBER, 1886.		
	M.	W.	T.
Remaining September 30, 1886.....	404	262	666
Admitted in October.....	12	13	25
Returned from visit during the month.....	4	1	5
Total under care in the month....	420	276	696
Discharged during the month	13	15	28
Daily average under care.....	407	260	667
Discharged recovered	4	4	8
Discharged improved.....	6	3	9
Discharged unimproved.....	1	7	8
Discharged died.....	2	1	3
Remaining, October 31, 1886.....	407	261	668

H. A. GILMAN, *Superintendent.*

The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

DES MOINES, IOWA, NOVEMBER, 1886.

NO. 3.

ORIGINAL ARTICLES.

SOME OF THE USES OF CARBOLIC ACID IN MEDICINE AND SURGERY, AND ITS POISONOUS EFFECT, WITH HISTORY OF TWO CASES.

BY A. U. EVARTS, M. D., LAPORTE CITY, IOWA.

I may be pardoned for speaking of carbolic acid and its uses in medicine and surgery, to you my brethren, who have had all and more opportunities to test its numerous merits than have I. My only excuse is, that a recital of individual experience is sometimes interesting and instructive.

Carbolic acid may properly be termed the twin brother to creosote. They have practically the same effect upon the human economy. There is, I believe, no known antidote for the poisonous effects of either. Both are irritant, narcotic, styptic, antiseptic and moderately escharotic. The eligibility of acid carbolic consists of the fact that it can always be procured chemically pure; that it is less pungent in odor; is better tolerated by the system, and that it is possessed of anesthetic properties, especially upon nerve terminations. Medicine or surgery would not suffer an iota if creosote was incontinently relegated to, shall I say, "innocuous desuetude." In the treatment of acute and chronic inflammation, and ulceration of the external and interior os uteri, and in chronic endometritis, I have found that, in a general way, nothing is so uniformly successful

as the direct application of the full strength acid. Ordinarily there is no pain in its use in these similar affections, but on the contrary I have invariably noticed the anesthetic affect of the acid. After Barthalow, I have successfully used the remedy in several cases of carcinoma of the stomach, in one and two drop doses twice and thrice daily, combined with bismuthi subtratis, and aqua rosea, to relieve vomiting and pain. It has also with me proved successful in the treatment of recent and chronic cases of urethritis, in strengths, varying from two drops of the 95 per cent acid to the ounce of aqua, to the diliquesced crystal. Aqua rosea disguises the taste and odor of the acid better than any agent I am acquainted with. In one case of gleet of four years duration I cauterized the urethra to the depth of five inches by means of a vertebrated catheter, with the pure acid, then gradually reducing the application in strength until a very weak solution was reached. A cure resulted. No great amount of pain or trouble ensued even on the same day of application, except upon urination. The patient did not take to bed at any time of treatment. The following are notes of case of hydrocele, for the radical cure of which I employed the acid. Case of hydrocele of four years standing, Dr. Peck had evacuated the sac several times. I had also operated five times in the space of ten months, patient at office with no particular preparation. Aspirated as usual three ounces straw colored fluid, immediately injected four ounces of a solution, five per cent acidi carbonici, through the aspirator; moulded the parts five minutes, then withdraw injection and aspirator, the patient remaining standing during the operation. He complained of no decided pain. Cautioned him to remain quiescent and eat sparingly for a couple of days. Directions not well regarded, patient walked around town, went up and down stairs after. No untoward symptoms ensued. Patient went about his regular business in 48 hours after operation. Four months later examination proved that a radical cure had resulted. The unusual thickness of the integument and dartos of the scrotum present in this case was reabsorbed. Although I fully rely upon internal medication in diphtheria, I have often used the acid liquefied 95 per cent strength applied directly to the pellicle and contiguous parts by means of cotton swab. It seems in some cases to prevent further invasion, and the spread of the membrane, and invariably lessens the excessive pain present in many cases. Two appli-

cations are sufficient to keep—ordinarily—the exhalations disinfected for 24 hours. I prefer it to gargles and other applications in diphtheria. In ordinary cases I use no local treatment whatever unless requested by the patient. By daily application of the pure acid I have cured several cases of chronic hypertrophied tonsils, but the treatment is rather slow. I know it to be quite a successful treatment, to inject the acid into hemorrhoidal tumors, but I consider the method too slow and too dangerous as statistics have proven. I have had several relapse cases from this treatment.

While engaged in writing this article, I accidentally crushed a bottle in my hand, containing one-half ounce of the pure carbolic acid. The contents were scattered upon my face and hands, principally upon my chin and cheek. The smarting was somewhat painful for about half an hour, upon the face, when the unpleasant feeling gave away to numbness. Anesthesia took place between the fore and second fingers, in five minutes, to that extent that I could not write freely for a half hour. The parts where the acid struck were first made white, gradually changing to a decided copper hue. The cuticle commenced to exfoliate upon the fourth day. The cicatrices were very superficial, giving away to a redness that was only observable upon close inspection, upon the tenth day. The following is the history of cases of poisoning from the acid:

CASE 1.—Patient, adult. Farmer. Aged 48. While considerably under the influence of alcoholic liquor, patient purchased a bottle of the black carbolic acid for the purpose of disinfecting out-houses. Shortly after arriving home, he, thinking he was drinking whisky, drank of the acid. He was sober enough to call for help. His wife with assistance got him to the house and to bed, when he made some little effort to answer questions, and became unconscious. Efforts to induce him to rally sufficiently to say anything intelligently, or to take emetics, were futile. He would only moan a little and toss occasionally on the bed. Upon my arrival I found the patient semi-conscious, in which condition he had been for an hour and a half. After tedious and repeated trials, patient was aroused sufficiently to produce emesis. In the course of fifteen or twenty minutes after my arrival patient vomited more than one ounce, by careful estimation, of the acid, along with some undigested food. A little more acid was vomited after this. Within another one-half hour

I was enabled to pretty effectually wash out the stomach. The patient only swallowing by a forcing process. During the forty-five minutes I labored with the stomach the patient was constantly upheld by assistants; the least inattention on their or my part would cause him to relapse into unconsciousness. In fact, patient was unconscious more or less for four hours after taking the acid. Before and after the stomach was washed out I gave large doses of quinine hypodermically. For three days kept patient under stimulating effects of quinine and morphia. Used counter-irritation over the spine, stomach and abdomen, and gave acacia solution for demulcent and nutriment. Strangury and diarrhoea were present for four days, but demanded no particular treatment. A little blood was present in the urine on several occasions. There was considerable exfoliations of mucous tissue in the dejections for four or five days, and more or less distress over stomach and whole abdominal tract. I believe the mucous shreds came from stomach and intestinal tract. From the external lips to all observable points of the mouth and throat the surfaces perfectly presented a continuous mass of diphtheritic membrane. Myself and attendants were made dizzy and sick from the presence of the acid vomited by the patient. The exhalations of the patient were strongly impregnated with the acid odor for three days. A good recovery resulted, the patient doing his farm work after the fifth day.

CASE 2.—A puny lad, aged two years. Patient swallowed one and a half drachms, by exact measurement, of 95 per cent pure acid carbolic. Saw the case in about fifteen minutes after the act of taking. Patient was then quite drowsy but I was enabled to administer mustard emetic after much trouble and delay. Had the stomach emptied of contents and slightly washed out in about fifteen minutes after my arrival, but could determine no amount of acid vomited. I believe that nearly all of the one and a half drachm was absorbed by the system. The patient commenced to rapidly sink before emesis was produced. Ordered strong hot mustard bath. Patient sank into unconsciousness before the bath was given, the characteristic symptoms of collapse being well marked. Respiration jerky and nearly lost, pulse almost indistinguishable at wrist, extreme pallor of whole cutaneous surface. Immersed patient to chin in the bath and employed friction for about five minutes. No good ef-

fect observable; then put him to bed. At this point I believed patient to be dying. Respiration fell to an occasional gasp, no pulse at the wrist, by auscultation the heart was heard to beat, feebly and intermittingly, four times to the minute and was still sinking. Dry heat was applied at the time patient was put to bed. I had previously sent to the store for a solution of ammonia. When it arrived there was no respiration or circulation, properly speaking. I now injected thirty drops hypodermically of the solution, of the strength of ten drops of the stronger ammonia to the ounce of aqua. In a few minutes a slight reaction came on. In the course of another hour I gave three other such hypodermics, when I considered the patient safe for the present. The after treatment consisted of stimulants and acacia solution for demulcent and food. Diarrhoea and slight strangury, no blood, was present in this case for about a week. Exfoliations from mucous membrane were noticed in the dejections for eight or ten days. Good recovery after three weeks. I do not think, that had the patient been a strong lad, that his full recovery would have been delayed over ten or twelve days. In carbolic acid poisoning I believe that antidotes, with the exception of emetics, should not be a factor considered when called to a case. Copious warm salt water, or warm mustard water, appears to me to answer for the emetics and diluents, if anything can be made to enter the stomach. The invariable tendency to collapse in all cases of excessive poisoning by the acid gives the key for treatment. Directly the stomach is evacuated, use stimulation and dry heat. Hypodermics of ammonia, quinia and alcohol are, I think, the best remedies to employ; the preference being given to ammonia, because of superiority to all other remedies in preventing embolism, which condition is always liable to be present in all cases of carbolic acid poisoning. Demulcents I deem only necessary for after treatment. Then I would only use them as a nutritive.

Dr. Theodore Husemann opposes the use of fixed oils, glycerine, and similar demulcents in cases of poisoning by carbolic acid, but recommends, based upon experiments, with rabbits, made by himself and Ummethun, the saccharate of lime, the alkaline earth combining with the carbolic acid to form a non-poisoning salt. Lime water is less adapted to this purpose, owing to the sparing solubility of lime in water and the large quantity of lime water required for neutralizing the poison.

Precipitated carbonate of lime does not combine with carbolic acid, but may be employed in case the saccharate of lime should not be procurable at once; the carbonate appears to act mechanically by absorbing the poison and thus delaying the ill effects; sufficient time is thereby afforded to prepare the saccharate.

I fully agree with Dr. Husemann, relative to the use of fixed oil, glycerine and similar demulcents, mainly from the fact that in their employment time is lost, and that as diluents they are inferior to warm water. Dr. Husemann's claim is the first and only one for a perfect antidote for the acid I have seen. But accepting this or other possible antidotes, unless I was present at the moment of swallowing the acid carbolic, I would place no reliance upon them; but would rather depend upon emetics and diluents combined, wash out the stomach, and in the meantime and after, guard against collapse by hypodermic stimulation and dry heat. In cases where poisoning occurs from the effect of carbolic acid we must not look for vomiting or convulsions. Death undoubtedly takes place from the powerful irritant effect of the acid upon the lining membrane of the œsophagus, stomach and upper intestines, thereby causing shock; and, after absorption, by its anesthetic and paralyzing action upon the sympathetic and pneumogastric nerves. Since writing this article I came across the following:

Dr. Harley relates a case of poisoning from an ounce of red impure carbolic acid. The patient never rallied from the shock which attended the taking of the drug, although death did not take place for five hours and a half. Active medical assistance was rendered in fifteen minutes after the poison was taken, and he could then be aroused sufficiently to speak. In another case death resulted in three minutes after taking one ounce of pure acid.

URÆMIA.

BY W. L. ECKLEY, M. D., HARPER, IOWA.

GENTLEMEN: Reciprocating the courtesy of your program committee, please allow me to invite your attention to five cases of uraemic poisoning which have come under my observation within the past year.

Uraemia is not a disease per se, but a morbid symptom, arising from diametrically opposite causes, and, regardless of circumstances, and temperament, giving rise to verisimilar phenomena: headache, coma, delirium, muscular twitchings and convulsions; these symptomatic phenomena are presumed to arise from the presence of urea in the blood, and may indicate: 1. Pathological changes in the kidneys. 2. An enlarged prostate. 3. Atony or paralysis of bladder. 4. Organic stricture. 5. Calculus. 6. Paraplegia. Symptoms are of very indefinite paternity; causes should be treated.

Urea is the most important excrementitious product of the urine, representing nitrogenous decomposition, occurring in white, pearly, transparent plates in the blood, finally drained away by the kidneys and accumulating in large proportions in the urine (26:1,000 in man). The place and manner of its formation in the body are undetermined, but its immediate source is *not* in the kidney. Toxically it implicates the nerves more especially. Its production in the body varies with muscular activity, kind and quantity of food.

So long as nature throws off this urea, the organism performs her organic processes physiologically; when, however, through any of the causes above enumerated, the channels of exit become secluded, great pathological changes are inaugurated; the scarlet stream becomes of venous hue, lending to skin and mucous membrane an unnatural cyanotic appearance; respiration becomes labored; the pulse uncertain, intermittent, fluttering or even arrested in diastole. Various viscera note the change, but none more surely than the cerebrum. Almost constant subjective are tingling, cold and anæsthetic feet; vertigo, blindness and per-

verted hearing; nausea, vomiting and diaphoresis. In well-marked cases uræmic symptoms are wonderfully typical, and, at the hazard of repetition they are, headache, coma, delirium, muscular twitchings and convulsions.

In the sequel I shall report five cases, having causation as follows: 1. Retained urine from temporary visical paralysis consequent on inebriety. 2. Retained urine from enlarged prostate (senile) traumatically exaggerated. 3. Retention from cause unknown. 4. Chronic Bright's with partial suppression. 5. Retention from chronic atony consequent on an over distention.

CASE 1.—F. M., male, æt. 53. Family history good. Chronic inebriate. After a day and night's debauch he awoke one morning unable to void his urine. On arriving I found bladder distended, pulse full and bounding, respiration labored, and agonizing pain from retention. Temp. 104° and delirium talkative. There was no enlarged prostate, no organic stricture, no albumen in urine. Administered Morph. Sulph. hypodermically—and relieved the bladder of 20 ounces urine. Washed out the bladder with warm water and Sodium Borate 1 drachm, leaving 8 ounces residual fluid till next washing. Internally gave Jaborandi Fl. Ex. Convallaris Fl. Ex. every 6 hours, attending with Acid Hydrobromic dil and Spr. Mindererus. Ordered Calomel and Jalap often enough to keep the bowels open. Gradually the comatose wore away, the urine became passed naturally, the temperature returned to the normal, headache ceased, sweating became less profuse and less urinous in odor, and convalescence was well established in three weeks.

CASE 2.—D. V., male, æt. 78. For years has been troubled by inability to void his urine—dysuria, due to an enlarged prostate. His physician had placed in his hands a catheter and taught him its use. On this occasion a false passage was made by the patient himself, and copious urethral hemorrhage resulted. Cerebral symptoms in this case, preceded by rigors and vomiting, Temp. 103° . Rendered the urethra anæsthetic by means of 4 per cent sol. Cocaine Hydrochlorate and with drew 6 oz. dark, stringy urine. Treatment same as above. Recovery in four weeks.

CASE 3.—Female, æt 53. Retention from some cause unknown for 48 hours, temp. 106° . Delirium boisterous from the beginning, carph-

alogia and jactitation incessant. Respiration labored and moaning. Nausea and vomiting were early symptoms. Could evidently understand interrogations but could not communicate her thoughts. Twelve oz. urine drawn off and bladder disinfected. Cerebral symptoms subsided and coma supervened. The pulse, before full and bounding, became weak and fluttering; the respiration, stertorous. The high temperature yielded very imperfectly to antipyretic remedies. Headache, insomnia, delirium, coma, dyspnœa, muscular twitchings all surrendered to a profound Soporose condition. Medication soon became impossible. The patient died in 48 hours.

CASE 4.—S. B., male, æt 66. Jan. 7th I was called to see a patient, up to which time he had been confined to bed 16 hours. His temp. was 101, pulse small and intermitting, feet and eyelids œdematous, shifting pain in lumbar region but no localized pain on pressure over the kidneys. Urine scanty high colored and contained large quantities of albumen. Frame much emaciated. Appetite for years had been capricious. He had tried this nostrum and that, and lastly the talismanic properties of Warner's cure, but *mirabile dictu* even this magic wand had lost its wonted power; urine decreased daily in amount; complete suppression supervened at times. His appetite became daily poorer. He arose unrefreshed from sleep. Examination revealed no enlarged prostate, no stricture, no distended bladder. The symptoms were not of a violent acute attack, but rather of a chronic malady assuming an acute aspect—much as a vanquished foe, having surrendered sword, quickens his pace to join in with him under the ensign of his conqueror. There was nothing denoting immediate danger, but the general prostration and depreciated vitality made those most sanguine for his recovery fearful for the worse. I advised early consultation. Dr. Clapp was called; came; rendered valuable aid and rendered this almost prophetic prognosis: "Chance for recovery fair but not good."

Actively supportive treatment was adopted: Tinct. Ferri in infusion of quassia, brandy and nutritious alimentation. The lumbar pain gradually involved the voluntary muscles, culminating in twitching, and at times so intense became the pain that nothing short of heroic doses of Morph. made life tolerable. At times urine was free from albumen, and normal in amount and color. Paroxysms of pain corresponded to

meteorological changes. Obstinate vomiting from the first was a distressing symptom. The eye lost its luster, hearing became imperfect and smell perverted. Respiration throughout was much embarrassed. At times the limbs became cold, stiff, immovable and anæsthetic, requiring friction to restore sensibility and motion. Headache, insomnia, delirium and dyspnoea gave way to coma; bad symptoms became worse, days became weeks and these turned to months. Anorexia was complete, rectal alimentation no longer practicable, and coma typical except when a paroxysm of pain converted his comatose condition into pitiable appeals for morphine. Death came after one hundred days.

CASE 5.—T. T. K., æt. 47. Five years ago while attending in the city of Des Moines the "Iowa National Guards' Encampment," twenty-four hours passed without voiding urine. Complete inability now stared him in the face. Since occurrence of the above his bladder has been markedly atonic, urination being abdominal, and guttatims, the viscus being never completely evacuated. Constant desire to urinate is an ever annoying symptom and pains in urethra and perineum are constant, both these symptoms being intensified by physical exercise. One year after the inception of his dysuria his sweat became in odor horribly urinous, and in amount less, which condition proved constant. August 26th I found the patient with Temp. 104° , delirium busy and talkative, nausea, headache and restlessness having preceded the more acute symptoms. There was no external evidences of retention, although the amount of urine passed in the preceding twenty-four hours was less than 5 oz. Two ounces of high colored, mucoid, ammoniacal urine were removed. Respiration was labored and moaning, pulse fluttering and intermittant. Urine contained no albumen. Prostate not enlarged. Urethra very sensitive. Comatose condition superseding delirium. Early consultation advised. Dr. Clapp called. Patient placed upon Tinct. Fe in infusion quassia for hæmatic and tonic active diaphoretics and cathartics for diuretic action and opium pul. for pain. Sensitive urethra made tolerant of cathartic by cocaine. Bladder daily washed and disinfected. Digitalis and nuxvomica used guardedly.

For three weeks the temperature vascillated from near normal to 102° the while the urinous odor of the sweat continuing. Hearing and smell abnormally acute. At times urine was free from albumen. Reason re-

turned with the subsidence of coma, but with a very imperfect recollection of what had taken place. His mind was even weaker than his body, a significant fact when we remember that he is a man of superior mental culture. At the thought of the catheter he was thrown into a veritable chill—hands and feet turning ice-cold—and active stimulation becoming at times necessary, in the meantime screaming like a child; even ignoring the known anæsthetic action of cocaine, so great was his “cathophobia.” Capacity of bladder when Dr. Clapp saw the case about 2 oz; present capacity, 14 oz. (The viscus having been daily distended with warm antiseptic fluid.) Large quantities of mucus and pus come away with each cleansing—on one occasion 3 oz mucus and pus. For the visical and urethral irritation am using Fl. Ex. Kava Kava (P. D. & Co.) in 40-drop doses *ter in die* with excellent results—not only in this but in other cases.

Summing up the argument then, the conclusion is that uræmia is a symptom and not a disease *per se*. It may have opposite points of causation and analagous results. It represents nitrogenous decomposition. The symptoms known as uræmic are presumed to be due to presence of urea in the blood. The uræmic poison acts principally on the nervous centers. Cerebral symptoms with suppressed or retained urine render the diagnosis easy. Uræmia may occur with or without albumenuria, the latter making the prognosis more grave. The treatment is inferential: “Remove the cause.” The stereotyped treatment ordinarily is: Relieve pain, evacuate the bladder and disinfect same; produce thorough catharsis and diaphoresis, the while actively supporting your patient, having ever in mind the almost invariably constant intermittent heart beat, which latter symptom is nicely met by *Convallaria Majalis* Fl. Ex. P. D. & Co. If chronic cystitis complicate, remember Kava Kava Fl. Ex. In no case probably can the hæmatic and tonic effects of iron and quassia be better seen than in a system having just passed through uræmic toxæmia. A word on management of high temperature: Aconite, veratrum and other powerful cardiac depressents are contra-indicated by the intermittent heart-beat. In my limited experience the intelligent use of cold sponging and cold pack has met with good results and speedy reductions of high temperature.

ELATERIUM IN DROPSY.

BY E. M. REYNOLDS, M. D., CENTZERVILLE, IOWA.

No physician has practiced his art long but who has had some experience in the treatment of dropsy. He has often found it intractable unless it was the result of simple anaemia and in this, the effusion disappears almost of its own accord. I have almost invariably had good results from elaterium, in general dropsy, wherein there has been no structural changes in any of the vital organs. Take, for example, the case of an adult, past middle life, with anasarka of lower limbs, ascites, enormous distention, inability to lie down, distressing dyspnoea, incapacitated for performing any labor, greatly distressed at the least exertion but not entirely bedridden, and secretions scanty, especially in the urinary. In such cases I prescribe elaterium from experience, confident that it will greatly benefit my patient, if not to assist in bringing about a cure. It is my habit to prescribe it in one-fourth of a grain doses, combined with about five grains of sulphate of potash or the nitrate of the same salt, to be taken every four hours, until eight or ten doses have been given. Nausea usually follows its administration after the second or third dose, but vomiting so early is unusual. The nausea increases as the treatment progresses. After the fourth dose watery dejections are frequent attended with slight vomiting. The watery discharges increase in frequency and quantity as the medication is continued. I have never dared to go beyond the tenth dose, usually stopping at the eighth and sooner, if there is much prostration. Invariably I have found my patient greatly relieved from the dyspnoea before the administration of the fourth dose, and as surely at the end of forty-eight hours, the most of the oedema of limbs and the ascites. Although the quantity of the serum discharge from the bowels is enormous, yet the diminution of the dropsical effusion cannot all be accounted for in this way. The skin has eliminated, undoubtedly, a large amount,

although the perspiration has not been copious. Even after the bowels have ceased to act copiously the effusion continues to disappear until we find our patient entirely relieved within two or three days. I always follow this treatment with tonics and diuretics. Iron and digitalis seem to act best. I often repeat the treatment within two or three weeks. Sometimes it is not necessary. In many cases no treatment will be permanent, but in most it is reasonable to expect great relief. The physiological action of the remedy is plain. The emunctory are powerfully stimulated and the absorbents are excited to full play, and the serum of the blood is poured out and the extravasated fluid is drawn upon to supply the necessary volume of blood and the cellular tissues are sucked dry, "as it were."

REPORTS OF CLINICS.

SURGICAL CLINIC, MEDICAL DEPARTMENT, STATE UNIVERSITY.

FROM THE CLINIC OF W. F. PECK A. M., M. D., PROFESSOR OF SURGERY, AND
R. W. HILL, M. D., ASST.

SURGICAL CLINIC No. 1, SESSION 1886-7.

CASE No. 1.—Jno. K., æt. forty-two, English, married, farmer by occupation. Six years ago, while plowing, he was struck by the plow handle about one inch below the left nipple. In a few days he was confined to his bed, and an abscess, forming at the site of injury, was opened. After some time necrosis was discovered and he has undergone three or four operations by local surgeons; the surface of the sixth rib being "scraped." He probably sustained an injury (at the time of the accident) to the periosteum of the rib—possibly a fracture—periostitis resulted, the periosteum separated from the rib and necrosis of the bone followed. Since the abscess was first opened, the wound has never healed. His attending sur-

geon states that there has been communication from the air cells and bronchial tubes, through the pleural sac, to the fistulous opening. The patient evidently has had a suppurative pleuritis, excited probably by the necrosis of the rib. His surgeon tells us that air frequently escapes in a bubbling manner from the external orifice of the fistula. Upon examination we find a fistulous opening near the upper margin of the sixth rib and a little anterior to the axillary line. The discharge is abundant and is a thin, watery and very fetid pus. With the probe we detect extensive necrosis of this rib both on its outer and inner surfaces.

The patient consenting to an operation, an incision about 7 inches long extending down to the bone, was made over the 6th rib, from the junction of the costal cartilage with the rib and extending posteriorly. The periosteum was separated easily from the bone and 5 inches of the rib was exsected, it being extensively necrosed.

The fifth rib was then found to be in a similar condition and 5 inches of this was also exsected. The *inner* surface of the 4th, 5th, 6th, and 8th ribs were found to be necrosed, the necrosis extending posteriorly to within 2 inches of the bodies of the vertebræ. The heart in the pericardium, and the lung, were held aside by an assistant and with chisel and forceps most of the necrosis was removed, some small spiculæ being beyond reach. The wound was packed tightly with strips of muslin, the packing being thorough and filling the pleural cavity in and about the locality of the necrosis. No arteries were tied, the pressure of the packing being relied upon to restrain hemorrhage. A pad and bandage were applied over the external wound, and the patient was put to bed.

The dressing was sprinkled freely with iodoform. The wound was not touched for five days and at the first dressing the discharge was abundant, creamy, laudable pus. He was dressed every three days thereafter and in two weeks was able to walk into the operating room to be dressed before the class. The wound was packed tightly, with *oakum*, after the first dressing, with iodoform and balsam peru; the object being to keep the wound well open and afford free exit to the exudates until the bone had healed. Spiculæ of dead bone were removed with the dressings and by the forceps. Free communication existed between the air cells of lung and external wound. During the dressings the heart could be seen, beating in pericardial sac, and the lung expanding and

contracting. He was discharged on Oct. 30th and returned to his home (some 200 miles distant) placing himself under the care of his family physician, who was directed to keep the wound well open, by packing, till the bones were perfectly smooth. The following is a record of his temperature and pulse:

October 1st, 7 P. M., pulse, 124; temperature, 100 6-10.

October 2d, 7 A. M., pulse, 116; temperature, 100 1-5. 12 M., pulse, 108; temperature, 99 6-10. 7 P. M., pulse, 100; temperature, 100 3-5.

October 3d, 7 A. M., pulse, 104; temperature, 98 3-5. 12 M., pulse, 105; temperature, 100 2-5. 7 P. M., pulse, 112; temperature, 100 1-5.

October 4th, 7 A. M., pulse, 99; temperature, 99 2-5. 7 P. M., pulse, 98; temperature, 99 4-5.

October 5th, 7 A. M., pulse, 90; temperature, 99. 7 P. M., pulse, 112, temperature, 99 4-5.

October 6th, 7 A. M., pulse, 88; temperature, 98 2-5. 12 M., pulse, 98; temperature, 99 2-5. 7 P. M., pulse, 93; temperature, 99 2-5.

October 7th, 7 A. M., pulse, 100; temperature, 98 2-5. 7 P. M., pulse, 98; temperature, 99 1-5.

October 8th, 7 A. M., pulse, 100; temperature, 98 2-5. 7 P. M., pulse, 100; temperature, 98 2-5.

Discharged October 30th, 1886.

CASE No. 2.—J. J., aet., 38., male, Bohemian, farmer. One year ago he presented himself to us. At that time he was suffering from chronic synovitis, an ankylosis of the right knee joint, the synovitis being of traumatic origin. You will remember that we, at that time, made forcible flexion and extension of the limb, thereby breaking up the adhesions in the joint and that we treated him for two months, passive motion of the joint being practiced daily. He was discharged with a moveable joint. About a month after his discharge, while chopping wood, he again injured the right knee. This, he tells us, resulted in suppurative synovitis for which he has since been treated. He again comes to us for relief. An explorative incision was made to determine whether reaction of the joint was feasible, but the condition of the femur was such that an amputation was made at the junction of the middle and lower thirds of femur. A circular flap was made and the stump packed with old muslin and iodoform.

The knee joint was laid open. The cartilages were softened and in a state of suppuration. Extensive necrosis existed on the articulating extremities of both tibia and femur, extending upwards on the latter bone three or four inches. The wound was not touched for five days, after which time it was packed with oakum every three days. He is doing well, and will be discharged about Nov. 15th. Below is record of temperature and pulse for first week:

October 1st., 7 P. M., pulse, 116; temperature, 100.

October 2d, 7 A. M., pulse, 104; temperature, 99. 12 M., pulse, 108; temperature, 99 3-5. 7 P. M., pulse, 112; temperature, 100 2-5.

October 3d, 7 A. M., pulse, 100; temperature, 98 2-5. 12 M., pulse, 88; temperature, 100. 7 P. M., pulse, 104; temperature, 98.

October 4th, 7 A. M., pulse, 94; temperature, 98 4-5. 7 P. M., pulse, 94; temperature, 99 1-5.

October 5th, 7 A. M., pulse, 94; temperature, 99 1-5. 12 M., pulse, 108; temperature, 99 3-5. 7 P. M., pulse, 108; temperature, 100.

October 6th, 7 A. M., pulse, 100; temperature, 99 3-5. 12 M., pulse, 100; temperature, 98 3-5. 7 P. M., pulse, 102; temperature, 99 1-5.

October 7th, 7 A. M., pulse, 96; temperature, 98 2-5. 7 P. M., pulse, 104; temperature, 99 1-5.

October 8th, 7 A. M., pulse, 87; temperature, 98 2-5. 7 P. M., pulse, 100; temperature, 99 2-5.

Discharged November 18th, 1886.

CLINIC NO. 2—OCTOBER 8TH, 1886.

CASE No. 5.—Mrs. K., æt 45, American. Five years ago noticed swelling in left iliac region, painless and of slow growth. Has continued to enlarge up to present time. She is suffering from an ovarian tumor and ascites, and presents herself here for an operation. The abdominal cavity was opened for a distance of five inches, between the umbilicus and pubes. A very large amount of acitic fluid was evacuated. The tumor was found to be a solid one, weighing about eight pounds. It was attached to left broad ligament and ovary, and to it was firmly adhered about six inches of the small intestine. The tumor was carcinomatous in character, being of the colloid variety. There were adhesions of the small intestines to each other in various localities. The

intestines presented a raw, macerated appearance. The adherent intestines were first carefully separated from the tumor, and all bleeding vessels tied with the finest ligatures. A large primary ligature was then tied about the pedicle of the tumor and the growth removed. Each individual vessel of the pedicle was then ligated with fine silk, and the primary ligature having been cut away, the two surfaces of the broad ligament were carefully stitched together over the stump. The toilet of the peritoneum was then thoroughly made, and having closed the abdominal wound with pins and figure of eight sutures and superficial sutures, a pad of absorbent cotton and the flannel binder was applied and the patient carried to her room. An unfavorable prognosis was made, owing to the condition of the intestines. From the night after the operation she was unable to retain anything in the stomach, one-half teaspoonful of water, either hot or cold, being promptly rejected. She received all her food and medicine by the rectum. She received eight ounces of milk with whisky and quinine every three hours, the rectum being kept quiet and pain relieved and sleep secured by suppositories of aqueous extract of opium. The temperature ranged high from the beginning, and would not be controlled by medication or the wet pack.

She survived the operation a little over five days, living much longer than was expected at the completion of the operation. Record of temperature and pulse as follows :

October 8th, 7 P. M., pulse, 117; temperature, 99.

October 9th, 7 A. M., pulse, 120; temperature, 99 4-5. 12 M., pulse, 116; temperature, 99 3-5. 7 P. M., pulse, 126, temperature, 101 2-5.

October 10th, 7 A. M., pulse, 126; temperature, 102 3-5. 12 M., pulse, 118; temperature, 101 4-5. 7 P. M., pulse, 126; temperature, 102 1-5.

October 11th, 7 A. M., pulse, 118; temperature, 100 2-5. 12 M., pulse, 116; temperature, 100 2-5. 7 P. M., pulse, 120; temperature, 101 4-5.

October 12th, 7 A. M., pulse, 122; temperature, 102 4-5. 12 M., pulse, 128; temperature, 103 1-5. 7 P. M., pulse, 126; temperature, 102 3-5.

October 13th, 7 A. M., pulse, 134; temperature, 102 3-5. 12 M., pulse, 134; temperature, 103 1-5. Death at 8 P. M.

A post mortem examination was made half an hour after death. The abdominal wound was found firmly united. The ligatures and sutures in the peritoneal cavity were all in situ and were all covered with a thick

coat of lymph. New adhesions had formed between the intestines and the abdominal walls and between the intestines themselves. Cause of death, peritonitis. The cavity of the peritoneum was perfectly clean save a small amount of serous fluid. Not a drop of blood had escaped after the closure of the abdominal wound.

CASE NO. 7.—W. M. H., æt. 56, male, American, married. Three months ago a swelling appeared below angle of jaw on right side of neck. Painless at first, but as it increased in size much pain was experienced. A tumor, oval in shape, smooth and diffuse is present. It is a deep seated cystic tumor of the neck. He presents himself for operation. An incision was made along the anterior border of the sterno-cleido-mastoid for four inches. The various faecia being dissected through the surface of the tumor was exposed. It was found to be attached to the bodies of the cervical vertebræ and as it was much larger in its deeper parts, it was decided to evacuate the cyst and pack its interior with muslin, with a view to promoting adhesive inflammation of the walls of the sac. Removal of the cyst "en masse" was impracticable, owing to the size and location. The cyst was opened freely, the contents evacuated and the sac cleansed and packed with iodoform and old muslin. The case progressed well for six days, when he felt so well that he left the hospital to visit his son. This was under protest from the assistant surgeon. He caught cold—it being a wet, cold day—and for ten days suffered from a most severe attack of facial erysipelas. During the course of the erysipelas (which was so severe that his life was despaired of) the wound did well and continued to discharge creamy, laudable pus. He was discharged Nov. 7th. He was not permitted to return to the hospital after the development of the erysipelas, as it was feared it might be "hospital" instead of facial erysipelas, but the behavior of the wound proved that it was the latter variety. He was treated as an "out" patient.

CASE NO. 13.—Z. W., æt 19, Russian, male, single farmer. Has been suffering for $2\frac{1}{2}$ years. Originally synovitis of right knee joint existed. Later an abscess developed on the outer surface of right thigh about junction of middle and lower thirds of femur. Abscess was opened and has discharged ever since one operation was made by local surgeon who "scraped" the bone but relief was not secured. Necrosis of

femur. An incision was made, down on to the bone, for 7 inches, on its outer surface. The femur was freely opened by the chisel and a sequestrum, (the diameter of the shaft of the femur being $2\frac{1}{2}$ inches) $5\frac{1}{2}$ inches long, $1\frac{1}{4}$ inches wide and $\frac{1}{2}$ inch thick was removed from the center of the shaft of the femur, the lower end of the sequestrum being about two inches above the knee joint. The large cavity in the bone was cleansed and packed tightly with old muslin and iodoform as was also the wound through the soft parts. The dressings were not disturbed for 5 days when the wound was dressed. Subsequent dressings every three days the object being to keep the wound well open until it heals from the bottom. In less than two weeks he was walking about the hospital with one crutch.

October 15th, 7 P. M., pulse 110; temperature 102 1-5.

October 16th, 7 A. M., pulse 100, temperature 100; 12 M., pulse 92, temperature 99 2-5 7 P. M., pulse 101, 101 3-5.

October 17th, 7 A. M., pulse 100, temperature 99 3-5; 12 M., pulse 104, temperature 100 4-5; 7 P. M., pulse 97, temperature 101 2-5.

October 18th, 7 A. M., pulse 110, temperature 101 2-5; 12 M., pulse 94, temperature 100 1-5; P. M., pulse 95, temperature 101 1-5.

October 19th, 7 A. M., pulse 88, temperature 98 4-5; 7 P. M., pulse 90, temperature 99 2-5.

October 20th, 7 A. M., pulse 90, temperature 98 2-5; 7 P. M., pulse 83, temperature 98 2-5.

He will be discharged as soon as the wound has healed.

CASE No. 18.—M. R., æt 33, German, married, female. Ten months ago she noticed an enlargement in left illiac fossa. It has increased in size but has never been the seat of pain. The abdomen is now enormously distended. The tumor is smooth and hard. It is not attached to the uterus, for a sound introduced into that organ is not moved when we move the tumor. By palpation we detect fluid in the tumor. It is a multi-cystic tumor of the left ovary. A remarkable feature of the case is the enormous secretion of fluid within the cyst. She has been tapped eleven times, from three to four gallons of fluid being withdrawn each time. You will remember we tapped her in your presence a week ago, with the object of giving her temporary relief from the great distension, and that the treatment, preliminary to our opera-

tion of to-day, could be more successfully carried out. We will proceed to make an ovariectomy. Incision through linea alba, between umbilicus and pubes. Peritoneal cavity was opened and before tapping the cyst some very firm adhesions were broken up between the surface of the tumor and the abdominal walls. The cyst was then evacuated and adhesions were found to exist from tumor to liver, stomach and small intestines. These were carefully separated and some six or eight bleeding points were ligated with fine silk. The cyst was then withdrawn from the abdominal cavity and a stout silk ligature having been tightly applied about the pedicle, the tumor was severed from its attachment to the body. The blood-vessels of the pedicle were then carefully and individually ligated with fine silk. The heavy ligature was cut away and the two folds of the broad ligament were carefully stitched together over the ligated vessels of the pedicle, thus excluding the pedicle from the abdominal cavity. The "toilette" of the peritoneum was then carefully and thoroughly made, the abdominal wound closed by steel pins and figure of eight and superficial sutures. Iodoform and a pad of absorbent cotton, retained by a well fitting bandage of flannel, was the only dressing. She received from one to two grains of aqueous extract of opium every night to relieve pain, secure sleep and control the bowels. With this exception she received no medicine, save a little charcoal and turpentine to relieve a little tympanites, which was present on the second day. The abdominal wound was not inspected for eight days, when the bandage and pad were removed. The wound was united throughout its entire length. The superficial sutures were removed, the pins being allowed to remain a week longer, when they also were removed. The case was presented to the class three weeks after the operation and four weeks from the day of operation she walked into the operating room and bade the class farewell. Her bowels were not allowed to operate for seventeen days from the date of operation. Her diet was milk and milk only for sixteen days, when she was allowed to have toast and eggs. Her temperature was not above normal after the first week.

Discharged, well, on November 26th, 1886.

October 29th, 7 P. M., pulse, 132; temperature, 100.

October 30th, 7 A. M., pulse, 132; temperature, 98 3-5. 12 M., pulse, 122; temperature, 99 2-5. 7 P. M., pulse, 119; temperature, 98 2-5.

October 31st, 7 A. M., pulse, 104; temperature, 98. 12 M., pulse, 102; temperature, 99 1-5. 7 P. M., pulse, 104; temperature, 99 1-5.

November 1st, 7 A. M., pulse, 92; temperature, 97 4-5. 12 M., pulse, 95; temperature, 98 4-5. 7 P. M., pulse, 101; temperature, 99 2-5.

November 2d, 7 A. M., pulse, 89; temperature, 99. 12 M., pulse, 85; temperature, 98. 7 P. M., pulse, 91; temperature, 99 2-5.

November 3d, 7 A. M., pulse, 82; temperature, 98. 12 M., pulse, 82; temperature, 98 2-5. 7 P. M., pulse, 87; temperature, 98 4-5.

November 4th, 7 A. M., pulse, 82; temperature, 97 4-5. 12 M., pulse, 82; temperature, 98 3-5. 7 P. M., pulse, 85; temperature, 99 1-5.

November 5th, 7 A. M., pulse, 82; temperature, 97 3-5. 7 P. M., pulse, 84; temperature, 98 4-5.

November 6th, 7 A. M., pulse, 79; temperature, 97 3-5. 7 P. M., pulse, 81; temperature, 98 4-5.

November 7th, 7 A. M., pulse, 80; temperature, 97 3-5. 12 M., pulse, 81; temperature, 98 4-5. 7 P. M., pulse, 84; temperature, 98 4-5.

SOCIETY REPORTS.

KEOKUK COUNTY MEDICAL SOCIETY.

SEMI-ANNUAL MEETING, }
SIGOURNEY, Iowa, Nov. 9th, 1886. }

Society met in Workman Hall.

The President, Dr. Parkes, in the chair.

There were present, Drs. Cook, Eckley, McWilliams, Cameron, Leshner and Auld.

Dr. Parkes reported the case of a young man who has been ailing for two years with pain in stomach, and no food retained excepting *milk* and *lime water*, asking society for an opinion as to being a malignant disease and treatment.

Dr. Cook suggested that for the best interest of the society and attendance increased, that we hold the meetings in different parts of the county. Dr. McWilliams thought it would be best, also, to have our meetings oftener, at least four times a year.

Then the question of "Pauper Practice," or "Farming out the Paupers," was talked upon by all present, and a motion was presented that steps be taken to change the present "Bid system," and that each member talk the matter up and some plan be decided upon, and at our next meeting (called) a committee be appointed to confer with the board of supervisors and decide, if possible, upon a plan more humane at least. Then a paper was read by Dr. Eckley, entitled, "Uræmia," with report of five cases of uræmic poisoning. On motion the paper was received by the society and Secretary instructed to send it to REPORTER for publication.

The society adjourned to meet in northwest part of county, date and place to be decided upon by those arranging for meeting.

W. S. PARKES, President.

J. W. AULD, Secretary.

CEDAR VALLEY MEDICAL ASSOCIATION.

The annual meeting of this Association, held in Waterloo, Tuesday, October 19, was one of the most interesting and profitable which the Association has yet held. The business session was held at 11 A. M., Benjamin McCluer, M. D., of Dubuque, presiding. In addition to the local members, the following gentlemen from abroad were present:

Drs. Benj. McCluer, Geo. Minges, W. H. Kinnier, I. S. Bigelow, of Dubuque; Irving W. Smith, of Charles City; W. H. McLain, of Beaman; C. S. Shepard, A. U. Evarts, of La Porte City; G. B. Ward, W. H. Dewey, of Fairbanks; D. M. Wick, of New Hartford; I. S. Stevens, S. Van Der Vaart, of Cedar Falls; M. I. Powers, of Parkersburg; J. M. Powers, of Hudson; J. L. Powers, of Reinbeck; E. E. Dunkelberg, of Frederika; R. A. Dunkelberg, of Denver; F. A. Wier, of Jesup; P. J. Fullerton, of Raymond.

The following committees were appointed:

On Nominations.—H. W. Brown, I. S. Bigelow, J. M. Ball, Jr.

On Location.—Geo. Minges, P. J. Barber, I. W. Smith.

On Delegates.—R. A. Dunkelberg, Geo. Minges, D. W. Crouse.

To Prepare and Print Constitution, etc.—C. S. Chase, O. J. Fullerton, D. W. Crouse.

The Committee on Nominations reported the following gentlemen for officers of the Association for the ensuing year who were duly elected:

President.—Geo. Minges, M. D., Dubuque.

Vice-President.—Irving W. Smith, M. D., Charles City.

Secretary and Treasurer.—Chas. S. Chase, M. D., Waterloo.

Committee on location of next annual meeting reported in favor of Dubuque. Adopted.

Committee to report delegates to the various Association meetings reported as follows:

To American Medical Association, which meets in Chicago in June next:

Delegates.—Drs. R. A. Dunkelberg, Denver; H. W. Brown, Waterloo; Benj. McCluer, Dubuque; P. J. Fullerton, Raymond; G. H. Hill, Independence.

Alternates.—Drs. W. B. Sherman, Manchester; Wm. Boys, Waverly; W. Eddy, Waterloo; G. B. Ward, Fairbank; W. H. McLain, Beaman.

To meeting of State Medical Association:

Delegates.—Drs. W. H. Kinnier, Dubuque; E. E. Dunkelberg, Frederika; A. U. Evarts, La Porte City; C. H. Horton, Waterloo; A. B. Shilleto, Independence.

Alternates.—Drs. R. Nitzsche, Dubuque; C. S. Shepard, La Porte City; I. W. Smith, Charles City; I. S. Bigelow, Dubuque; C. F. Sweeney, Cascade.

During the meeting thirteen new members were admitted to the Association, making the present membership between fifty and sixty, and constituting the Association one of the largest and strongest in the state.

At the afternoon session, held at the Y. M. C. A. rooms, the following papers were presented:

"Diphtheria," by Dr. McLain. This paper was discussed by Drs. P. J. Fullerton, J. L. Powers and A. U. Evarts.

"Keratitis," by Dr. Kinnier. This was a very carefully prepared paper upon inflammation of the cornea, or crystalline lens. It was very instructive and greatly enjoyed.

"Rheumatoid Arthritis Complicating Pregnancy," by Dr. Smith, was a carefully prepared paper.

"Fracture of the lower end of the Humerus," by Dr. Bigelow, was one of the strong papers of the day, and elicited considerable profitable discussion by Drs. Crouse, Powers of Reinbeck, Smith and McCluer.

"Carbolic Acid Poisoning," with report of two cases, was a very interesting paper by Dr. Evarts, and was discussed by Dr. R. A. Dunkelberg and others.

President McCluer then read his retiring address, which was listened to attentively and highly appreciated. It was as follows:

Gentlemen of the Cedar Valley Medical Society:

In obedience to the usual custom, before yielding the chair to my honorable successor, I will say a few words at this the second annual meeting of our society. A little more than two years ago, in response to a circular sent out by gentlemen of the profession of Waterloo, we met here in your beautiful city to reorganize and reanimate what had once been an active and efficient medical society. There were various reasons for desiring the rehabilitation of this society, among which were the fact that quite a number of the largest and most thriving towns and cities of our state are located within the boundaries of this association, and thereby a larger number of medical men could be brought into intimate relations with each other, than in any county society, while our organization would not be as cumbrous as the state society, and at the same time it would remove the judicial and disciplinary acts of the society from local influences and professional jealousies. The cultivation of mutual acquaintance with the members of our profession, the stimulation of kindly feeling and the begetting of mutual interests, are promoted by such association. And may we not congratulate ourselves that even the short time since we first came together it has accomplished not a little in calling out and promoting that kindly interest in each other's welfare, which is consistent with the best interest and welfare of the communities in which we reside—and yet one year of our renewed life as a society had not passed ere the shadows of a death fell upon our pathway,

and one who was with us at our meeting of reorganization, lending his assistance and counsel in the re-formation of this society, one who by nature was nobly endowed, and whose perceptions of the good and the true were quick and accurate; in the very prime of his manhood passed over to "The other shore"—Dr. O. S. Knox shall be with us no more. Life's burdens he has laid down, and the future with all it contains for him, is his. Peace to his ashes—and to the bereaved and afflicted wife and children we extend our warmest sympathy—and may the God of his fathers be their God—"Their rock of refuge and their defense."

It is often asserted that great progress in medicine is before us. Great progress in medicine has surely been made within the period of the last fifty years; but greater advances must be made during the next fifty years, if our loved profession is to keep abreast of the other callings to which men devote their lives. And now, Fellows of the Cedar Valley Medical Society, may I ask you in imagination to picture, if you can, the *physician* of the future—for I believe, my friends, that the necessities of civilized life will ever demand and make sure the existence of an educated and specially prepared class of individuals, who shall set themselves apart, dedicate themselves to the special work of caring for and recovering of the sick, and to protecting the health, in every community. Therefore, I conclude, that our profession is to be a lasting profession, and if this be true, then you and I have something to say as to the character, position and learning of that profession—of the physician of the future. He, the physician of the future, must not only be the equal of the physician of to-day, but he must be his superior—superior in his manners, methods and education.

First. He must be a true gentleman, gentle, kind and courteous; there must be nothing in his habits that can offend the most delicate sensibilities—nothing which makes him unwelcome, not only in the house, but in the room of the sick and afflicted. Who like the physician sits by the bedside of the loved ones, and with sympathetic touch recognizes the failing current of the vital stream—or with gentle pressure closes the eyes of our dear departed who shall look no more forever upon the scenes of this world, and on the faces of the friends they loved.

In his habits—everything that offends against purity will be avoided,

modes of speech shall be characteristic of the christian gentleman—food and raiment, such as shall not offend the sense or sight or smell. His ability to perceive all that relates to the case before him, must be stimulated to the utmost, that he may be able to afford relief if relief be possible. And that he may accomplish this most desired result, the cure of disease, and the relief of distress he must be thoroughly educated in all that pertains to the knowledge of his profession. The profession as it will be in the future.

Paul, that great apostle of the new gospel, said to his co-laborers in the Christian faith: "For it doth not yet appear what we shall be," and this is as true in medicine as it is in religion, that "now we know in part" but let us follow on to know, that we may be thoroughly fitted for every good word and work. It is by continuance in the effort, and the way of knowledge that knowledge is to be gained. The doctrine of perseverance, continuing to do, is true if you would gain knowledge in medicine as well as in theology. It is the law of the nature of things. The effort to know must be made by the individual not only, but by the class and generation. For knowledge is cumulative in the individual, the class, the generation and the race.

But mere knowledge cannot elevate and ennoble the profession, unless that knowledge is used for ennobling, honorable purposes.

The selfish man, the man who delights in mere personal gain, who thinks of himself mostly and has but little regard, if any, for the rights of others, will never aid in placing the profession of the future on that high platform of nobility which it should most certainly occupy.

The sharp man—the shrewd one; he who secures frequent newspaper advertisements, whose wife can seldom change her dress or wear a new bonnet, or entertain a neighbor at tea without the community being notified of the wonderful event through the public press or otherwise, is not the man to give honor to the profession.

The amputation of a finger or the incising of an abscess, may interest the subject of the operation but can hardly be a sufficient excuse for the leaded notices we sometimes see of the famous Dr. Blank.

The Warrens, the Bigelows, Meigs, Gross, Clarke, Parker and hosts of others, were men in their day of whom the profession and the country in which they lived could well be proud, and whom the

young men could follow as examples worthy of imitation. They were honest, industrious, learned and true. They respected themselves, but they had great respect for others, also.

Gentlemen, again we of the present are peculiarly fond of change, or that which appears to be new. But all change is not progress, neither is all new that goes by that title.

The cultivation of specialties, while deemed a modern movement, is old as ancient Egypt, where each general division or organ of the body had its special attendant. Each new theory of medicines and their action, of disease and its relation to health, is not necessarily false but should be carefully examined before accepted. Every new addition to our materia medica needs to be carefully investigated before too much enthusiasm is manifested over its usefulness. New and bold operations in surgery may give momentary eclat to a young man ambitious of being spoken of by admiring friends among the laity as the coming Sir Astley Cooper, Mott or Gross of the present time and generation. But let the ambitious medical man now beginning his career remember that industry, hard honest work is the only road to permanent success and honor. Genius in one's calling is but the ability to perform great labor.

"Make haste slowly," wholesome conservatism, with a readiness to accept new truths without prejudice is the road to eminence. And here I might with propriety pause to criticise the course pursued by many of the teachers in our medical colleges. The example set us by many of our schools is far from what it should be. Their title of professor is used too much by far as a method of advertisement, and this practice should be frowned upon by every honest worker in the rank and file of the profession.

And now, my friends of this medical society, what is our lesson? What have we to do, and how are we to act, that we may secure the best, the ideal medical man of the future? Evidently it is to bring ourselves as near to that ideal character as possible. To be *honest, true and noble to ourselves*, that they of the future may build upward from the foundation we have laid, and thus the glory of the profession of the coming time shall be unspeakable.

Thanking you, one and all, for the success thus far accomplished by our society, and for your kind consideration and patience with my weak-

ness, I resign into your hands and to my honorable successor the office with which your kindness has for two years honored me.

Dr. Geo. Minges, the newly elected president, was then conducted to the chair. The following resolution was unanimously adopted by a rising vote:

Resolved, That the thanks of this Association be and are hereby extended to the retiring President, Dr. Benj. McCluer, for the uniform courtesy with which he has presided over its deliberations, and the watchfulness and care he has ever manifested for its welfare.

The address was referred to a special committee consisting of Drs. Crouse, Shepard and O. J. Fullerton, after which the Association adjourned to meet at 7:30 p. m. in the Irving house parlors.

At the evening session very interesting papers were presented by Dr. Crouse, on "Sudden Case of Blindness," Dr. Ward on "Yellow Atrophy of the Liver," and Dr. Minges on "Treatment of Croup by Digestive Spray." These papers were all of unusual interest and strength, and elicited general discussion.

The committee to whom was referred the address of the retiring president, reported as follows:

"Your committee to whom was referred the address of the retiring president of this society, Dr. Benj. McCluer, cannot too strongly approve the statements expressed therein. The address, though brief, presents in graceful diction and thoughtful sentences, many valuable ideas which cannot but receive the commendation of every physician who is a disciple of the healing art. The dignity, honor and usefulness of our profession will be greatly advanced if we strive towards the ideal outlined by our honored colleague, who, by his genial companionship and wealth of experience, has enhanced our pleasure and profit, and graced the chair of the society from its birth until its present date.

O. J. FULLERTON,
D. W. CROUSE,
C. S. SHEPARD."

Unanimously and enthusiastically adopted.

The following resolutions were adopted:

By Dr. N. S. Smith—That the officers and members of the Cedar Valley Medical association, individually and collectively, extend to the State

Board of Medical examiners their hearty co-operation in the enforcement of the law entitled "A law regulating the practice of medicine, surgery and obstetrics in the state of Iowa."

That a copy of this resolution be sent to the State Board of Examiners at Des Moines.

By Dr. Crouse—That a vote of thanks be tendered to the proprietor of the Irving House for his hospitality and also to J. J. Tufts for use of the Y. M. C. A. rooms.

By unanimous vote the thanks of the association were tendered to Drs. Sibert, Hathaway and Powers, of Reinbeck, for the rare pathological specimen they presented.

The association then adjourned to meet at Dubuque the second Tuesday in October, 1887. At the generous invitation of Dr. Crouse, the members repaired to Sindlinger's restaurant parlors to indulge in a festive discussion of luscious bivalves and fragrant havanas.

SELECTIONS.

A PHYSICIAN'S PERSONAL EXPERIENCE WITH COCAINE.

Dr. Wm. A. Hammond has detailed before the late meeting of the New York Neurological Society the following exceptional personal experience with cocaine:

"I have taken as many as eighteen grains at a dose by hypodermic injection, dividing it up over some fifteen minutes. I began my experience on myself with once grain at night. I was rather discouraged by the first dose. Every puncture I have made has left an indurated spot, and I at one time feared that erysipelas might follow. This may have been due to the condition of my system or the kind of cocaine I used. The result was pleasant; I felt happy—happier than before on that day. But I did not sleep until 4 A. M., and I had a severe headache.

The exhilaration was slight—equal to that given by two or three glasses of champagne.

“The next night I took two grains with the same result and the additional one of an inordinate disposition to write. I wrote eight or ten pages of foolscap and thought it was unusually good, the best I had ever written in fact. So I read it over the next morning. I found each sentence complete, but the ideas were incoherent. The third night I took three grains. My energy then turned to talking. I made speeches to myself; still I could restrain myself. I had a splitting headache. I stopped for four or five days and then injected six grains, three grains into each arm. I was upset. I did not lose my relations to events, but I could not sleep. After three nights I injected eight grains with the same result. The next night I put in eighteen grains in six injections, two in the legs, two in the thighs and two in the chest. I am not sure that I was conscious of what I did after that. I was intensely exhilarated. I got to bed somehow. When I rose at 7 A. M., things were generally mixed. I had not arranged my papers, etc., as usual. I presume; from appearances, I had had a pretty lively time all by myself. I had a headache, my heart beat so that I could feel it and hear it when I raised my arm. But there were none of the horrible effects attributed to cocaine, no disposition toward violence. I acquired no habit. I left off easily.”

“Dr. Mattison, of Brooklyn, controverted Dr. Hammond’s views as to the cocaine habit, and said that there was such a habit, one more destructive than the morphine habit; he himself had had five physicians and two druggists under his care, who were victims of the habit; one of them had become demented. His own experience bore out that of Dr. Hammond, that the use of cocaine produces insomnia, volubility, headache, unrest and delusions, though none of them were homicidal. The effect was fleeting.”

This is not a very reliable way to get at the effects of cocaine.

The doctor is not sure he was conscious of what he did, after the eighteen-grain injection, and we are not certain of it either. We should rather have heard the testimony of an observer not under cocaine influence, as to what he did when he was having that “lively” time all to himself.

He confesses to have written, after a two-grain dose, eight or ten pages of foolscap, of which his recollection is that it was unusually good at the time, but which he found to be incoherent next morning.

On the morning after three grains, he had a remembrance of volubility and a splitting headache.

On a subsequent night six grains upset him so that he could not sleep, but thinks he did not lose his relations to events. Here again we should have preferred the testimony of a third person. After three nights more an injection of eight grains had about the same effect. But eighteen grains the next night fixed him. He "got to bed somehow," but "things were pretty generally mixed" when he arose at 7 A. M. the next day.

To fully convince the skeptical, like ourselves, that the effects observed by Dr. H. are the sole untoward results of cocaine-taking the doctor should give a seance before the Neurological Society or some other number of medical men, and let others attest to things he was probably not in condition to accurately note or remember. He may be a psychological and neurological exception, for such doses of cocaine certainly act more damagingly on others than this record of Dr. H.'s personal experience.

As for the cocaine habit we know it to be a fact, though most, possibly *all*, cocaine takers may have previously used opium, and doubtless fall back on opium often when the cocaine symptoms become to alarming, each drug being physiologically somewhat antidotal to the other.

If Dr. Hammond should have the temerity to pursue his personal experiments further he may learn, by sad experience, what the cocaine habit really is. We hope not, but shall be thankful for any further sacrificial risk he may take upon the altar of personal physiologico-therapeutic experiment. We should like to see a record of his experience under eighteen grains of cocaine, noted by other medical men, who might be in a condition to record some things Dr. Hammond may not have noted.

This record of personal experience is not in accordance with the observations of others. Erlenmeyer, for instance, having made the cocaine habit a subject of study has recorded in *Die Deutsche Medizinal Zeitung*, No. 46 of the present year, a different experience, and while he concludes,

with most observers, that it would be "unjust to lay too large a share of the troubles noted to cocaine alone, because of so many of the cocaine habits having been previously addicted to morphine," still he found "enough evidence to prove its evil consequences, and thinks it should only be used as a powerful medicament, with circumspection."

He found its characteristic effects to be a vasomotor paralysis, accelerated pulse, profuse sweats, dyspnoea and syncope, failure of general nutrition, the eyes sunken, and the skin of a cadaveric hue. "At a more advanced stage psychic troubles supervene, sometimes requiring personal restraint."

Our patients, as we have observed them, bear a different testimony in regard to cocaine from that of Hammond's personal experience.—*Alienist and Neurologist*.

MOXIE.

From that excellent journal, the *American Analyst*, we learn that Francis Wyatt has analyzed Moxie with the following result:

One hundred parts by weight when distilled were found to contain three-fourths per cent alcohol and one-fourth per cent of the essential oils of sassafras, wintergreen and anise. The residuum in the retort was evaporated to dryness, and contained 7.880 per cent of extractive matter, consisting of—

Sugar.....	3.810	Sassafras.....	} 1.870
Glucose.....	1.250	Gentian.....	
Sodium Carb.....	1.070	Checkerberry.....	
		Quassia amara....	

The latter existed in the original as infusion, mixed in proportions to allow the sassafras to preponderate. A twelve ounce bottle would require about one drachm each of powdered gentian and quassia, fifteen minims of the oils of sassafras, gaultheria and anise, a drachm of alcohol, the same amount of soda, seventy-five grains of glucose, and half an ounce of sugar, with water slightly impregnated with carbonic acid gas, to make up the amount.

Dr. Wyatt adds that the results of his investigation shows the mixture to be simply a mild, inoffensive tonic, an agreeable drink, incapable of exerting the slightest action on the brain or the nervous system.—*Medical World*.

CAN A DOCTOR'S GENERAL KNOWLEDGE BE TOO BROAD?

For years it has been a common notion among many of the young, and not a few of the old, in the medical profession, that breadth of knowledge other than medical is undesirable. The only thing required of a successful doctor is that he be able to diagnosticate disease, and assist his patients to recover. And yet, it is a common observation that very many practitioners do not correctly diagnosticate the maladies of the patients, and do little, if anything, to promote their recovery, and yet, judged by the number of patients they possess, by their influence in the community, and by their bank account, they have made a success of the practice of medicine. As these have lived many years in the same community, and so are fully known by the people among whom they have practice, it will not do to assign their success to trickery, etc. There must be some substantial basis for their prosperity. What is it? In so far as we have observed this class of practitioners, they possess one characteristic—they are familiar with the kind of knowledge best known to their patients. Their sympathies with the pursuits of their patrons have been great, and their knowledge helpful. It has seemed to us that this kind of knowledge and an associated "good sense" has atoned for their ignorance of medicine and their inability to give their patients the benefits that science now offers to them.

Nor does it strike us that this is irrational. He who finds that his doctor is posted on that with which he is himself familiar, is likely to infer that the doctor is familiar with that which lies within his own sphere. As time passes, we fancy that this principle will find a wider application. Those physicians who avail themselves of it will find it greatly to their advantage. If to this knowledge of the ways of men,

and the callings of men and women and children, he is able to add a wide and deep knowledge and skill in medical science and art, he is likely to have the furnishings needful for the highest position in the medical profession.

Illustrative of the point we are making is the following story from *London Truth*: "A friend of mine who had married a wife, came home from the stock exchange, and found her piling the fire with pill boxes and throwing the 'mixture as before' out of the window. On investigation, it turned out that the doctor had called, and in the course of conversation had innocently and casually inquired: 'What is this habeas corpus, can you tell me, Mrs. Bland, which they talk of suspending in Ireland?' To a lady who had grown up from childhood with the habeas corpus perpetually suspended over her like a drawn sword, the ignorance thus displayed was too shocking. 'Not a drop of that man's medicine, she declared vehemently, 'should ever pour down the throats of her children.' "

*
* *

"Other things being equal, the doctor with the broadest and deepest knowledge of men, and the affairs which interest all classes of men, without distinction of sex, age, race or color, including literature, science, art, political economy, sport, politics, religion, trade, etc., will be sure to stand the highest and best among his patients."

*
* *

"The great curse of the medical profession is that it contains so many members who have had no scientific training in the sciences, and hence they have no science to apply to the treatment of disease. Such are compelled to work by the light of those who have had a scientific training, do possess a knowledge of existing sciences, and are able to employ them in the prosecution of their work as physicians."—*American Lancet*.

DISEASES OF CHILDREN.

Diagnosis of Infantile Diseases.—Dr. Bradley (*L'Union Med. du Canada*) contributes the following points on this subject:

1. Congestion of the cheeks in children, excepting in cases of cachexia and chronic diseases, indicates an inflammation or a febrile condition.

2. Congestion of the face, ears and forehead, of short duration, strabismus with febrile reaction, oscillation of the iris, irregularity of the pupil, with falling of the upper lips, indicates a cerebral affection.

3. A marked degree of emaciation which progresses gradually, indicates some subacute or chronic affection of a grave character.

4. Bulbar hypertrophy of the fingers and curving of the nails are signs of cyanosis.

5. Hypertrophy of the spongy portions of the bones indicates rachitis.

6. The presence between the eyelids of a thick and purulent secretion from the meibomian glands may indicate great prostration of the general powers.

7. Passive congestion of the conjunctival vessels indicates approaching death.

8. Long continued lividity, as well as lividity produced by a motion and excitement, the respiration continuing normal, are indices of a fault in the formation of the heart or the great vessels.

9. A temporary lividity indicates the existence of a grave acute disease, especially of the respiratory organs.

10. The absence of tears in children four months old or more, suggests a form of disease which will usually be fatal.

11. Piercing and acute cries indicate a severe cerebro-spinal trouble.

12. Irregular muscular movement, which are partly under the control of the will during the hours when one is awake, indicates the existence of chorea.

13. The contraction of the eyebrows, together with a turning of the head and eyes to avert the light, is a sign of cephalgia.

14. When the child holds his hand upon his head or strives to rest the head upon the bosom of his mother or nurse, he may be suffering from ear disease.

15. When the fingers are carried to the mouth, and there is, beside, great agitation apparent, there is probably some abnormal condition of the larynx.

16. The act of scratching or pinching the nose in children indicates the presence of worms or of some intestinal trouble.

17. When a child turns his head constantly from one side to another, there is a suggestion of some obstruction in the larynx.

18. A hoarse and indistinct voice is suggestive of laryngitis.
19. A feeble and plaintive voice indicates a trouble in the abdominal organs.
20. A slow and intermittent respiration accompanied with sighs, suggests the presence of cerebral disease.
21. If the respiration is intermittent but accelerated, there is capillary bronchitis.
22. If it is superficial and accelerated, there is some inflammatory trouble of the larynx and trachea.
23. A strong and sonorous cough suggests spasmodic croup.
24. A hoarse and rough cough is an indication of true croup.
25. When the cough is clear and distinct there is bronchitis.
26. When it is suppressed and painful there is pneumonia and pleurisy.
27. If the cough is convulsive it indicates whooping cough.
28. Sometime one sees a dry and painless cough in the course of typhoid and intermittent fever, in the course of difficult dentition, or an attack of worms; under these conditions the cough is often due only to a bronchitis which has been caused by the original disease.—*Buffalo Med. and Surg. Journal.*

ELECTRICITY AS A THERAPEUTIC AGENT.

BY DR. GEO. J. ENGLEMAN, OF ST. LOUIS, IN THE OBSTETRIC GAZETTE.

After referring to the confusion which had surrounded this subject, he referred to the following point which should govern the use of electricity as a therapeutic agent. The formation of strict indications for the use of the galvanic and faradic currents: a differentiation between the varying forms and modifications of the galvanic and faradic currents: a differentiation between the varying forms and modifications of the galvanic and faradic current. Differentiation between the active and indifferent pole, the localization and centralization of the current, the precision of the dose, the use of stronger currents continued for a short time. He had used the galvanic and faradic current in the

reduction in the size of neoplasms, fibrous polypi, cystic growths and urethral caruncles, also in chronic pelvic inflammation and chronic ovarian inflammation, in stenosis of the os, for the relief of the engorgement accompanying sub-involution, in prolapse when due to relaxation of the tissues. It is an aid in the correction of various forms of displacement, in metorrhagia, when due to inflammation and relaxation, in certain forms of amenorrhœa, and for the relief of many annoying reflex symptoms. In obstetrics it is useful in uterine inertia during and after labor, in cases of weak and irregular labor pains, post partum hemorrhage, in delayed involution, in paralysis of the urethra or bladder after labor, and in the interruption of extra-uterine pregnancy.

The only contra indication to the use of electricity is the presence of severe acute inflammation. It may be used in sub-acute inflammation. In the more acute pelvic inflammations care is required in its use.

A number of cases were then referred to, showing the beneficial effect of electricity in diminishing the size of fibroid tumors and in other conditions.

SUPERVISION OF MEDICAL STUDENTS.

Professor Billroth, of Vienna, has joined the number of German professors who have lately spoken of the necessity of stricter supervision of the university students. He writes, with particular reference to students of medicine: "Sad experiences and observations naturally suggest the thought that our young men are not ripe for the degree of freedom prevailing in our universities. It is to be hoped that by tightening the pedagogic reins some improvement may be affected; the protest of the apostles of freedom surely ought not to be heeded. I would not favor a daily roll-call, but if, for instance, every clinical student had to appear four times instead of once at the practical demonstrations, and should mercilessly lose a semester by his absence when called out of turn, perhaps the students would attend the clinical lectures more frequently." In this country, the system of turning out doctors in forty weeks makes things so lively that our students do not need much supervision.--*Medical Record*.

EDITORIAL.

STATE BOARD OF EXAMINERS.

On the first day of January, 1887, the special period for physicians to qualify under the act to regulate the practice of medicine and surgery, will have closed, and the penalties of the law go into effect. It will probably be two or three weeks thereafter before the Board of Examiners will be able to know all who have qualified. Until that time, no movement on their part can be expected to enforce the law as its executors, wherever an offense is being committed against it. It is premature to judge or criticise closely the labors of the board. If their work has been thorough, anticipating what their duties will soon be as an executive body in addition to that of a judicial, they will know every one who is qualified to practice and every one who is exempted; therefore, making it easy to determine who are violating the law. It is known that the work of the Board has been thorough, conscientious and very satisfactory, especially that part relating to the examinations, and there is every reason to believe that the balance of their work is as good. If any exceptions should be taken, it is upon the fact that the Board has been a little too conservative, and less inclined to exert its executive prerogatives in enforcing the spirit of the law or its discretionary powers. They have been inclined to give "the benefit of the doubt," rather than investigate. This, if it can be called an error, is easier made than resisted. Our evidence is the two circulars sent out by the Board; one, in which the Board assumes only the position of judge and not that of a grand jury with an inquiring turn of mind, and the other, relating to mid-wives. The law certainly contemplates this inquiry for it says: "He shall present to the State Board of Examiners satisfactory evidence." The law exempts mid-wives from all of its provisions who were, on the 8th day of April last, actively engaged in the practice.

It contemplates controlling all who enter thereafter. It is not intended that a certificate should be issued to mid-wives in practice April 8th, 1886. As the executive officer, the board should, in some way, determine that all mid-wives who are now in practice are really qualified. Had the board followed out its original intention, as shown by its first circulars, except the payment of a small fee and the issuance of a certificate they would have had no difficulty in obtaining the status of each mid-wife, and have a record of the same for future use. With this record, it would be easy to find the violation when the penalty comes into force. This mistake, we believe, was made not from a desire to shirk responsibility, but from caution. The Board should not be censured for the omission. They have done well, and deserve a great deal of credit. The reader should remember that it is always easier to look backward than forward. It is probable that were others in their position, they would not have done as well.

* * *

The next meeting of the State Board of Examiners will be held at Des Moines, Dec. 28th. This is the Board's last meeting prior to the date that the penalties go into effect. The secretary of the Board requests all who have not filed their application, to do so on that date or before the first of January.

* * *

The promised report of the work of the State Board of Examiners from organization to date has been unavoidably delayed, the secretary Dr. J. F. Kennedy has been sick and this work is not in condition to obtain full and reliable dates. The State Board of Examiners have also the work of the State Board of Health and this has also delayed the clerical work of the office.

* * *

Now is the time to swear off. Begin by paying up all arrearages in subscriptions, and send in your subscription for the current volume.

* * *

A Merry Christmas to all our readers and a Happy New Year.

RESOLUTIONS POLK COUNTY MEDICAL SOCIETY. UPON THE DEATH OF ANNA CULVER RUSSELL, M. D.

WHEREAS, Death has so unexpectedly removed from us Mrs. Anna Culver Russell, M. D.; therefore be it

Resolved, That we, the members of Polk County Medical Society, recognizing her ability and true worth feel that in her decease the medical profession has lost a former associate and valued friend, the church a worthy helper and society at large a most estimable member.

Resolved, That we hereby tender the family and friends of the deceased our deepest sympathy in this their sad bereavement.

Resolved, That as a tribute of respect to her memory this society attend the funeral services in a body.

Resolved, That a copy of these resolutions be spread upon the minutes of this society and one furnished her family and that the city press and the *Iowa State Medical Reporter* be requested to publish the same.

EDITH M. GOULD,
MARGARET A. CLEAVES,
LAFAYETTE REDMOND,

Des Moines, Dec. 7, 1886.

Committee.

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE

	REPORT FOR NOVEMBER, 1886.		
	M.	W.	T.
Admitted.....	15	13	28
Discharged.....	10	9	19
Remaining.....	411	328	739
Left for visit.....	1	6	7
Returned from visit ..	2	2	4
Discharged recovered.....	5	2	7
Discharged improved.....	2	1	3
Discharged unimproved.....	1	0	1
Discharged died.....	3	5	8

GERSHOM H. HILL, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

	REPORT FOR NOVEMBER, 1886.		
	M.	W.	T.
Remaining October 31, 1886.....	407	261	668
Admitted in November.....	15	13	28
Returned from visit during the month.....	3	2	5
Total under care in the month...	425	276	701
Discharged during the month	12	15	27
Daily average under care.....	411	261	672
Discharged recovered	3	11	14
Discharged improved.....	5	3	8
Discharged unimproved.....	1	0	1
Discharged died.....	3	1	4
Remaining, November 30, 1886.....	413	261	674

H. A. GILMAN, *Superintendent.*

The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

DES MOINES, IOWA, JANUARY, 1887.

NO. 4.

ORIGINAL ARTICLES.

ANTIPYRINE.

BY L. R. SALZ, M. D., GLIDDEN, IOWA.

Read before the Central District Medical Association of Iowa, at Grand Junction, December 21, 1886.

Sometime during 1884 my attention was attracted by a paper in some periodical, giving the results of Dr. Feilehne's experiments with the above drug, and his conclusions, that it was an efficient and reliable agent for the reduction of high temperature in febrile diseases; and that its use was free from the disagreeable effects of quinine and salicylic acid. Further experiments resulting in continued praise of its action led me, in September, 1885, to its use. I used it in a case of Typhoid Fever, in a girl of some eight years of age, seen about the third week of the disease. Temperature 103° F.; countenance anxious; some slight delirium. Gave seven and a half grains, repeated hourly, for three doses, causing a fall of temperature to 99° F., in about five hours. Mental condition was improved; a bright cheerful aspect; pulse fuller and more regular, with entire disappearance of headache. The case progressed to a favorable termination, requiring but a few doses of Antipyrine daily to keep the temperature within bounds.

Another case of typhoid fever came under my treatment in June, 1886. Patient an adult female, in the third month of pregnancy, who had been sick for four weeks before I saw her. Temperature 105° F., evening. Ten grain doses, given hourly, for three doses, with ten grains every four hours afterwards, brought the temperature, twenty-four hours

later, to a sub-normal degree; the thermometer in the mouth and axilla, registering 97° F. Beyond a slight coldness of the extremities, and a dusky hue of countenance, there were no symptoms of collapse.

I omitted the Antipyrine during the next twenty-four hours, which resulted in a temperature of 102° F. This was readily reduced by ten grain doses every four hours. The case recovered without complication. The point of an existing pregnancy not being interfered with by doses sufficient to reduce the temperature to a sub-normal degree, would point to the innocuousness of this remedy in that condition. I have seen but one writer on antipyrine speak of this point, so mention it here. This writer gave "eight gramme and ten gramme doses to a patient, in the eighth month of pregnancy, suffering from pneumonia fibrinosa, without any disagreeable consequences. The movements of the child, which were very restless at the time of fever, became very quiet, and it was noticed that whenever antipyrine was prescribed for gravid women, it had a quieting influence upon the child's movements." (*Therapeutic Gazette*, Feb., 1886.)

At the risk of being tiresome, I desire to give a detailed report of several cases of typhoid fever, illustrating the effects of Antipyrine upon the pulse and temperature, as also the comparison of general results under different modes of administration. In the first four cases antipyrine was given every three hours, night and day, hoping by a constant exhibition of the drug to keep the mean temperature at a low degree.

CASE I.—Chas. C.; age thirty-one years. Had been on a three weeks' visit to Dakota, previous to which time he had not felt well for a week or more. On the night of Sept. 18, 1886, I was called to see him at the hotel. He was completely apathetic; eyes fixed on vacancy; could not be aroused to exhibit any consciousness; pupils dilated; pulse 120; temperature 105° F. His wife, who was with him, said this unconscious condition had come on him that afternoon, following the excitement of having missed his train. Nothing further being obtainable from either, I gave him fifteen grains of antipyrine immediately, with directions to give him another like dose when they arrived home—some six miles from town. The next morning I found him conscious; temperature normal; some appetite; walked with an uncertain, tottering gait; voice not clear but muffled:

Sept. 20—pulse, 120; temp., 103.5 ; dose, one drachm.

- Sept. 21—pulse, 112; temp., 103; dose, one drachm.
Sept. 22—pulse, 96; temp., 102; dose, one drachm and one scruple.
Sept. 23—pulse, 99; temp., 101.75; dose, one drachm and one scruple.
Sept. 24—pulse, 103; temp., 101.25; dose, one drachm and one scruple.
Sept. 25—pulse, 90; temp., 100.75; dose, one drachm.
Sept. 26—pulse, 96; temp., 101 $\frac{1}{8}$; dose, one drachm.
Sept. 27—pulse, 88; temp., 98.
Sept. 28—pulse, 115; temp., 103; dose, one drachm and one scruple.
Sept. 29—pulse, 91; temp., 99; dose, one drachm.
Sept. 30—pulse, 99; temp., 99.25.
Oct. 1—pulse, 109; temp., 101.25; dose, two scruples.
Oct. 2—pulse, 93; temp., 99.25.
Oct. 3—pulse, 97; temp., 101.
Oct. 4—pulse, 101; temp., 100 $\frac{3}{8}$.
Oct. 5—pulse, 96; temp., 101.75; dose, one drachm.
Oct. 6—pulse, 100; temp., 101.75; dose, one drachm and one scruple.
Oct. 7—pulse, 106; temp., 102.25; dose, one drachm and one scruple.
Oct. 8—pulse, 96; temp., 100 $\frac{1}{8}$; dose, one drachm and two scruples.
Oct. 9—pulse, 88; temp., 98.5.
Oct. 10—pulse, 108; temp., 103.25; dose, two drachms.
Oct. 11—pulse, 106; temp., 100.75; dose, one drachm and five grains.
Oct. 12—pulse, 100; temp., 99 $\frac{1}{8}$; dose, two scruples.
Oct. 13—pulse, 112; temp., 102.25; dose, one drachm.
Oct. 14—pulse, 104; temp., 99.5; dose, one drachm.
Oct. 15—pulse, 98; temp., 98.5.
Oct. 16—pulse, 104; temp., 101.75; dose, two and one-half scruples.
Oct. 17—pulse, 96; temp., 98.
Oct. 19—pulse, 98; temp., 99.
Oct. 22—pulse, 96; temp., 98.5.

In all, he received 1,325 grains in twenty-seven days. On the tenth day of treatment under seven and one-half grains every three hours a slightly sub-normal temperature was produced; some slight chilliness; an intensely dusky hue of countenance; features pinched and apparently shrunken. Stimulants were given and external heat applied to extremities and antipyrine stopped for twenty-four hours. At that time temperature was 103° F., but fell to 99° F. under ten grain doses. On the twenty-second day, larger doses being gradually required to keep the temperature

in bounds, the thermometer marked 98.5° F., but rose to 103.75° F. during the next twenty-four hours without antipyrine. By the next night two drachms of antipyrine had reduced the temperature to 100.75° F. Recovered rapidly.

CASE II.—Lizzie C., wife of former patient succumbed to disease, September 25, 1886. Age, twenty-nine years. Extremely fleshy. On first day a heavy dose of quinine was given:

Sept. 25—pulse, 120; temp., 103.5 ; dose, quinine.

Sept. 26—pulse, 100; temp., 101.75 ; dose, one drachm antipyrine.

Sept. 27—pulse, 98; temp., 103 ; dose, two scruples and sixteen grains.

Sept. 28—pulse, 106; temp., 103.5 ; dose, one drachm and one scruple.

Sept. 29—pulse, 100; temp., 102.25 ; dose, one drachm and one scruple.

Sept. 30—pulse, 104; temp., 102.25 ; dose, one drachm and one scruple.

Oct. 1—pulse, 107; temp., 100.75 .

Oct. 2—pulse, 112; temp., 108.25 .

Oct. 3—pulse, 100; temp., 103 .

Oct. 4—pulse, 100; temp., 102.5 .

Oct. 5—pulse, 96; temp., 101 ; dose, one drachm.

Oct. 6—pulse, 92; temp., 102.5 ; dose, one drachm and one scruple.

Oct. 7—pulse, 96; temp., 99.75 ; dose, one drachm and one scruple.

Oct. 8—pulse, 84; temp., 99.25 ; dose, one drachm and two scruples.

Oct. 9—pulse, 86; temp., 98.5 .

Oct. 10—pulse, 96; temp., 100 ; dose, one drachm and two scruples.

Oct. 11—pulse, 96; temp., 99.5 ; dose, one drachm and five grains.

Oct. 12—pulse, 88; temp., 99 ; two scruples.

Oct. 13—pulse, 112; temp., 98.25 .

Oct. 14—pulse, 84; temp., 99.25 .

Oct. 15—pulse, 76; temp., 98.5 .

In this case I was frequently disappointed, and at a loss how to account for so small a reduction, or sometimes even a rise of temperature under doses of the drug I had every reason to believe would lower it. The amount ingested was 711 grains in twenty-one days. Vomiting occurred two or three times in this case, but I do not think it was due to the antipyrine. She recovered rapidly after commencement of convalescence.

CASE III.—Willie B., aged seventeen. CASE IV.—Cora B., aged fifteen. Saw case III, September 18, 1886. Temperature was 103.5° F. Gave

him seven and a half grains every three hours. Saw him again September 20. Temperature still high. Continued antipyrine in small doses.

CASE III.

Sept. 23—pulse, 110; temp., 103; dose, two scruples.
Sept. 24—pulse, 88; temp., 102.4; dose, two scruples.
Sept. 25—pulse, 84; temp., 102.25; dose, one-half drachm.
Sept. 26—pulse, 88; temp., 101 $\frac{5}{8}$; dose, two scruples.
Sept. 27—pulse, 78; temp., 101.5; dose, one-half drachm.
Sept. 28—pulse, 79; temp., 103 $\frac{3}{8}$; dose, two scruples.
Sept. 29—pulse, 84; temp., 101.75.
Sept. 30—pulse, 82; temp., 101.
Oct. 1—pulse, 83; temp., 101.
Oct. 2—pulse, 90; temp., 102.75.
Oct. 3—pulse, 80; temp., 101.75; dose, one-half scruple.
Oct. 4—pulse, 76; temp., 101.25.
Oct. 5—pulse, 80; temp., 101.25; dose, two and one-half scruples.
Oct. 6—pulse, 81; temp., 101 $\frac{7}{8}$; dose, two scruples.
Oct. 7—pulse, 76; temp., 99.5; dose, one drachm.
Oct. 8—pulse, 84; temp., 101.5; dose, two and one-half scruples.
Oct. 9—pulse, 84; temp., 100.75.
Oct. 10—pulse, 84; temp., 100.75; two and one-half scruples.
Oct. 11—pulse, 80; temp., 100.75; dose, one drachm.
Oct. 12—pulse, 80; temp., 100; dose, two scruples.
Oct. 13—pulse, 80; temp., 101.25; dose, one drachm.
Oct. 14—pulse, 72; temp., 99.25; dose, one-half drachm.
Oct. 15—pulse, 72; temp., 98.5.
670 grains in twenty-three days.

CASE IV.

Sept. 23—pulse, 114; temp., 103.75; dose, two scruples.
Sept. 24—pulse, 120; temp., 102.25; dose, two scruples.
Sept. 25—pulse, 108; temp., 102 $\frac{3}{8}$; dose, one-half drachm.
Sept. 26—pulse, 118; temp., 103.5; dose, two scruples.
Sept. 27—pulse, 116; temp., 100.75; dose, one-half drachm.
Sept. 28—pulse, 118; temp., 101.25; dose, two scruples.
Sept. 29—pulse, 119; temp., 102.5; dose, two scruples.

Sept. 30—pulse, 110; temp., 100.

Oct. 1—pulse, 122; temp., 100.5.

Oct. 2—pulse, 120; temp., 103.5; dose, two scruples.

Oct. 3—pulse, 106; temp., 102; dose, one-half scruple.

Oct. 4—pulse, 120; temp., 102 $\frac{3}{4}$.

Oct. 5—pulse, 100; temp., 102.5; dose, two and one-half scruples.

Oct. 6—pulse, 120; temp., 103; dose, two scruples.

Oct. 7—pulse, 115; temp., 102; dose, one drachm.

Oct. 8—pulse, 110; temp., 103.25; dose, two and one-half scruples.

Oct. 9—pulse, 114; temp., 102.

Oct. 10—pulse, 118; temp., 102.5; dose, two and one-half scruples.

Oct. 11—pulse, 115; temp., 102.75; dose, one drachm.

Oct. 12—pulse, 112; temp., 101.75; dose, one drachm and one scruple.

Oct. 13—pulse, 113; temp., 100.25; dose, two scruples and eight grains.

Oct. 14—pulse, 112; temp., 100; dose, one-half drachm.

Oct. 15—pulse, 112; temp., 100.5.

Oct. 19—pulse, 124; temp., 103.75; dose, two scruples.

Oct. 22—pulse, — temp., 102.5; dose, one drachm.

928 grains in twenty-five days.

Both these cases went on to recovery. Case IV being somewhat more protracted than the other. There was still a certain dissatisfaction as to the action of the drug, and I determined to treat future cases by administering the remedy only during the afternoon, when the fever was highest.

CASE V.—Jno. B., brother to case II, aged twenty-five, had been nursing his sister and brother-in-law during their attacks:

Oct. 22—pulse, 88; temp., 102.5; dose, two scruples.

Oct. 23—pulse, 78; temp., 101.25; dose, two scruples.

Oct. 24—pulse, 84; temp., 103.5; dose, one and one-half scruples.

Oct. 25—pulse, 84; temp., 103.25; dose, one and one-half scruples.

Oct. 26—pulse, 82; temp., 100.5; dose, one-half drachm.

Oct. 27—pulse, 80; temp., 101.25; dose, one-half drachm.

Oct. 28—pulse, 80; temp., 101.25; dose, one-half drachm.

Oct. 29—pulse, 80; temp., 100.5; dose, two scruple.

Oct. 30—pulse, 80; temp., 101.25; dose, one scruple.

Oct. 31—pulse, 84; temp., 101.75; dose, one scruple.

Nov. 1—pulse, 72; temp., 100.5; dose, one scruple.

Nov. 2—pulse, 72; temp., 101.5; dose, one scruple.

Nov. 3—dose, one scruple.

Nov. 4—pulse, 80; temp., 101; dose, one scruple.

Nov. 5—dose, one scruple.

Nov. 6—pulse, 88; temp., 98.5.

410 grains in sixteen days.

This case progressing without any apparent fever, he got out of bed and went to his home, where I saw him some two weeks afterwards with considerable fever, and symptoms of a mild relapse. This has been the only case in which convalescence has been protracted.

CASE VI.—Hattie H. Married. Sister to cases III and VI. Aged twenty-four. As she lived in town, both morning and evening temperature can be given:

October 18, P. M., pulse, 120; temperature, 105; dose, one-half drachm. Ten grain doses hourly.

October 19, P. M., pulse, 120; temperature, 102.25; dose, one-half drachm.

October 20, A. M., pulse, 124; temperature, 102.25. P. M., pulse, 104; temperature, 102.25.

October 21, A. M., pulse, 112; temperature, 102. P. M., pulse, 110; temperature, 105; dose, two scruples.

October 22, A. M., pulse, 112; temperature, 102.75. P. M., pulse, 112; temperature, 102.5; dose, one-half drachms.

October 23, A. M., pulse, 104; temperature, 103 $\frac{1}{4}$. P. M., pulse, 108; temperature, 100; dose, one-half drachms.

October 24, A. M., pulse, 110; temperature, 103. P. M., pulse, 104; temperature, 101.5; dose, one-half drachms.

October 25, A. M., pulse, 112; temperature, 104.75. P. M., pulse, 112; temperature, 104.25; dose, one drachm.

October 26, A. M., pulse, 120; temperature, 103.5. P. M., pulse, 110; temperature, 101.5; dose, two scruples.

October 27, A. M., pulse, 120; temperature, 103.5. P. M., pulse, 120; temperature, 100.75; dose, two scruples.

October 28, A. M., pulse, 108; temperature, 102.5. P. M., pulse, 120; temperature, 101.25; dose, one-half drachm.

October 29, A. M., pulse, 120; temperature, 104.5. P. M., pulse, 112; temperature, 102; dose, two scruples.

October 30, A. M., pulse, 116; temperature, 102 $\frac{3}{8}$. P. M., pulse, 100; temperature, 98 $\frac{1}{8}$; dose, one scruple.

October 31, A. M., pulse, 120; temperature, 104.75. P. M., pulse, 108; temperature, 100.5; dose, one scruple.

November 1, A. M., pulse, 120; temperature, 103.75. P. M., pulse, 120; temperature, 100.75; dose, two scruples.

November 2, A. M., pulse, 120; temperature, 102. P. M., dose, one scruple.

November 3, A. M., pulse, 120; temperature, 101.5. P. M., pulse, 116; temperature, 102.

November 4, A. M., pulse, 124; temperature, 101.5. P. M., pulse, 120; temperature, 100.

November 5, A. M., pulse, 96; temperature, 102. P. M., pulse, 96; temperature, 99; dose, two scruples.

770 grains in eighteen days.

Most beautifully did the case respond to the method of exhibiting the drug, and recovery took place rapidly. Not once was the evening temperature as high as the morning, when antipyrine was given. Under the continuous administration, while the general result was good, my highest hopes were not realized; but when given as Feihlene suggests, I consider we reach the best results. As will be seen by referring to the different tables, while there is usually a corresponding decrease in the number of the heart beats, nothing can be definitely predicated about it.

In the febriculæ of children, one or two doses of antipyrine often act like a charm, reducing the internal heat, and allaying the nervous, restless condition which accompany them.

In acute inflammatory rheumatism, its use is extolled by many writers, who claim that the joint pains are much benefited by it, even when the salicilates have failed.

In the treatment of pneumonia, it has many friends; though a note of warning has been sounded by several observers, when the disease is of a profoundly adynamic type.

Two cases of sunstroke have been successfully treated by the hypodermic administration of antipyrine in the New York hospitals. But a similar case is reported from Texas, where no effect was produced upon the temperature, death resulting. (*N. Y. Med. Rec.*, Sept. 25, 1886.)

Death was claimed to have been caused by the exhibition of this drug

in a case of puerperal septicemia, in one of the London hospitals, I think.

"A Russian ophthalmic surgeon, Dr. T. N. Katsauroff, recommends antipyrine in cases of ciliary neuralgia, and headache accompanying various eye diseases. The patients treated comprised seventeen males and ten females, their ages varying from seventeen to seventy-five. Apart from eye diseases, all but three were free from disease. The antipyrine was always given in fifteen-grain doses, and in every case appeared to be of distinct benefit in relieving the pain, a single dose being sufficient in fourteen cases, while in thirteen cases this had to be repeated; in two of them only (optic neuritis and scleritis) a third dose being found requisite." (*Therapeutic Gaz.*, May, 1886.)

Antipyrine is said to be particularly efficacious in controlling the usual afternoon or evening rise of temperature in phthisis. Dr. J. Holland, of St. Moritz, Switzerland, says in May, 1885: "For the last eight months I have been using antipyrine, and it has been more successful than all other drugs put together. That in chronic fevers we have to deal with in consumption it has no rival."

As to the drug itself: It is a white or yellowish white crystalline powder, with the chemical formula of " $C_{20}H_{18}N_4O_2$," and the chemical name of "dimethyl-oxchinizin." It is of synthetic origin, and was discovered by Dr. Knorr, of Erlangen, who has patented it both in Europe and America. It is made by heating methyl-oxchinizin with an excess of phenyl-hydrazin to boiling, and collecting the crystalline powder which forms. In other words, it is a derivative of coal tar. It is freely soluble in water, hot or cold; alcohol, chloroform, and fifty parts of ether.

Exposed to a heat of 212° to 231.8° F., it melts to a colorless liquid and solidifies to a crystalline mass on cooling. At a still greater heat, it sublimates, suffering a partial decomposition, and develops inflammable vapors. An aqueous solution of antipyrine gives precipitates with mercuric chloride, tannic acid (which gives a copious white precipitate) and iodine. It is not precipitated by the soluble iodides, hydroxides of ammonium, potash, or sodium. Added to sweet spirits of nitre in aqueous solution, the mixture gradually assumes a deep green color, and in a few days deposits beautiful green crystals. Dr. Eccles, of New York, believes this is due to the formation of green aniline.

Antipyrine has a slightly bitter taste, not so disagreeable as quinine, which is readily masked by sherry wine, elixir of licorice or aromatics. It may be given, dissolved in water, in capsules, by rectal injections, or hypodermically.

The action of the drug is rapid, the temperature often beginning to fall immediately; seldom delayed beyond half an hour after administration, and but rarely exceeding two or three hours. The resulting apyrexia lasts from eight to twelve, and often twenty-four hours, followed by a very gradual rise of temperature, contrasting favorably with other antipyretics in this particular. Almost immediately upon the ingestion of antipyrine,—at least coincident with the fall of temperature, we may confidently look for copious perspiration, which may even be excessive, yet never seems to create any inconvenience to the patient. If the fall of temperature is great and sudden, chills or rigors may follow its re-ascent, though I have never observed it. The perspiration may be mitigated, if not entirely controlled, by the conjoint use of agaracin, atropine, or picrotoxine.

In four instances only, in my use of the drug, have I found a subnormal temperature produced, but never alarming.

Several cases of fatal collapse have been reported; so it is not an agent totally devoid of danger. The younger the patient and the less vigorous the constitution, the greater the effect produced. "If the exhibition of the drug coincides with the daily fall of temperature, the efficiency is greatly enhanced; and of all febrile diseases, those of a tubercular type present the least resistance to the antipyretic action of antipyrine." (Dr. Reihlene.)

An occasional untoward effect of this remedy is the production of an erythematous rash, which rarely occasions but little irritation, and fades in a few days. I have never seen it.

Vomiting is said to be a frequent occurrence, though many have, strangely, never seen it. It has but seldom occurred in my use of the drug, and then I was inclined to think it due to other causes, as it did not uniformly follow the continued use of the remedy.

Antipyrine has been shown experimentally to have a tonic action on the heart, slightly increasing blood pressure. Applied locally it is said to have a styptic action, contracting the arterioles. Several cases of

espitaxis have been reported as successfully treated by this agent in solution of one part to thirty.

The philosophy of the antithermic action of this drug is stated by Dr. Bettleheim "to be due to the dilation of the blood vessels of the skin, the narrowing of the internal vessels—a larger quantity of blood streams through the skin blood-vessels in a given unit of time, and there dissipates its heat, so that gradually the entire mass of blood is cooled down."

"Antipyrine materially lessens the alimentation of nitrogenous matters, and can therefore be said to cause a decrease in the tissue-changes of the respiratory and alimentary systems." (Umbach.)

As to the influences of the drug on the general state of the economy, very few writers give a positively favorable opinion. The most pronounced said: "Patients appeared livelier, slept better, and sometimes coughed less." So far as my experience goes, I can commend it highly. Under its exhibition *all* cases rested nicely, retained, or regained, consciousness, delirium not appearing during its use. The fatiguing and racking headaches completely subsided after the first few doses. Concerning this symptom of cephalgia Dr. John Blake White says: "The value of antipyrine as an analgesic in headache has not only been tested in my hospital and private practice, but I also record the fact that it has proven successful in the hands of professional friends, upon whom I had urged its employment for the relief of neuralgic affections of the face and head. I have been singularly impressed with the promptness of relief which often follows a single dose of fifteen grains of antipyrine. The grateful relief from headache usually ensues within half an hour after the drug has been taken." (*Med. Rec.*, N. Y., Sept. 11, 1886.)

I have used altogether some fourteen ounces of antipyrine in my experiments, and as a result I fully recommend its use as an antithermic agent. It does not have any curative action whatever, the disease running its course just the same as if quinine or cold baths were the antipyretic agents used. But as the drug conserves tissue waste, reduces the excessive temperature, and improves the general well-being of the patient, I consider it a highly valuable addition to our armamentarium.

I would not be fair in my treatment of this subject did I not, before ending my dissertation, quote from a Vienna letter to the *N. Y. Med. Rec.* of October 9, 1886. "After an extended trial antipyrine has been

entirely and absolutely discontinued in Prof. Northnagle's wards in the treatment of typhoid fever."

Dr. Gaksch, Prof. Northnagle's assistant, says: "As a pure and simple antipyretic, thalline (a newly discovered alkaloid of cinchona bark) is more powerful than antipyrine, controlling the temperature, and at the same time disturbing the patient less. Northnagle especially condemns antipyrine in all febrile diseases that run a protracted course, and that require the patient to be supported."

As I take it, precedents in law may be of vast importance, but individual experience will more or less tincture the *medical* practice of individuals in spite of hospital precedents. For myself it is an agent I would as soon dispense with as with the use of quinine. I submit samples of antipyrine, and its latest rival, antifebrine, which is said to be four times as efficacious and only one-sixth as expensive. I have had no opportunity to experiment with the latter agent.

A BRIEF REPORT OF THE WORK OF THE STATE BOARD OF EXAMINERS.

BY F. E. CRUTTENDEN, M. D., DES MOINES, IOWA.

This promised report contains less specific knowledge of the work of the Board than the author had hoped to be able to give. The records of the work of the Board are so incomplete that it was impossible to obtain from the secretary of the Board any definite information on many of the more interesting and important subjects, connected with their work. Not that the records have been lost or not kept, but that they have not been arranged and filed in such a manner that a complete statement can be had, or that even a statement of their finances, other than gross receipts, can be made. It will require several days, possibly weeks, to straighten out the records. Without further explanation, this might be taken as unfavorable criticism upon the manner in which the Board have conducted their work. It should be remembered that, in addition to this work, the secretary of the Board and his assistant have been obliged to perform the regular work of the State Board of Health. Further, the secretary, through sickness, was unable at times to give his per-

sonal attention. The handling of three thousand applications, since the fourth of July, is no small clerical task.

The membership of the State Board of Examiners is as follows: Drs. W. S. Robertson, E. M. Reynolds, W. H. Dickinson, P. W. Lewellen, Jay D. Miller, H. H. Clark, S. B. Olney and J. F. Kennedy. This Board held their first meeting at Des Moines, May 18, 1886. Ten days later their first circular was issued by their secretary, and in obedience to the instructions of the Board. This circular was prepared by the secretary and his assistant, and was intended to give a clear interpretation of the requirements of the medical law. The following extracts are taken from the circular:

* * *

2. CERTIFICATES OF GRADUATION. Diplomas for verification, and affidavits properly filled out and acknowledged, together with the necessary letters of recommendation and fees for certificates, should be sent to the secretary.

For convenience, diplomas may be presented to any member of the Board for verification. In such case, the affidavit should be indorsed, "Diploma verified," with the signature of the member, and date, before being forwarded to the secretary.

5. APPLICATION FOR EXAMINATION. Candidates for examination must fill out a blank form, which may be obtained of the secretary or of clerk of the district court. This must be sent to the office of the secretary, and if approved, the candidate will be notified when and where to appear for examination.

6. CHARACTER OF EXAMINATION. Examinations will be made, in whole or in part, in writing or orally, and will be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

7. EXAMINATION TO BE MADE IN PERSON. Candidates for examination must present themselves in person before the Board. No examination papers will be sent out to individuals; and no examinations will be limited to any one or two special topics, or branches of study or practice. The examinations will be conducted by the entire Board, and upon all branches usually taught in medical schools.

8. SCHOOLS OF PRACTICE IN EXAMINATION. Questions relating to special methods or forms of practice or therapeutics will be referred for

examination to the various individual members of the Board, as may be indicated.

9. EXAMINATION IN FOREIGN LANGUAGE. Those desiring to be examined in any other but the English Language may, in the discretion of the Board, be examined through an interpreter, furnished at their own expense and approved by the Board.

11. EVIDENCE OF MORAL AND PROFESSIONAL STANDING. All applicants for certificates, whether holding diplomas or not, must furnish satisfactory evidence of good moral and professional standing; such evidence (letters of recommendation signed by not less than two responsible persons, one of whom shall be a practicing physician,) to be filed in the office of the Board as part of the applicant's professional record.

13. PHYSICIANS MUST REGISTER IN EACH COUNTY. In case a physician practices in any other county than that in which he resides (he having recorded his certificate in his own county) it is not required that he have his certificate recorded in such other county or counties in which he may practice. He must, however, register his name in the office of the clerk of the district court in the county in which his practice extends, and make his return of births and deaths to the clerk of the county in which they occur. In cases of professional consultation only, with resident physicians, such registration is not required.

14. NON-RESIDENT PHYSICIANS. Physicians, residents of adjoining states, who practice in counties in the state adjoining the one in which they reside, are required to procure certificates in the same manner as residents of this state. They must register their name in the office of the clerk of the courts, and make return of births and deaths in the same manner as resident physicians, and in every respect conform to the law incumbent upon residents of this state.

15. CHANGE OF LOCATION. When a change of location is made, it is important that it be promptly reported to this office, otherwise the official register will necessarily be incorrect.

17. SPECIAL MENTION. "Medical Students," "Women who were April 8, 1886, engaged in the practice of Midwifery," and "Surgeons of the U. S. Army and Navy and Marine Hospital Service," though exempt from the provisions of chapter 151, Laws of 1880, are required under a penalty of ten dollars for each neglect, to report to the clerk

of the district court of the county wherein they occur, within thirty days thereafter, every birth and death occurring in their practice.

Midwives entitled to practice under this act, must furnish the secretary of the Board of Medical Examiners, an affidavit establishing such right. It is suggested that, to prevent annoyance, they procure a certificate, which will be furnished by the Board at a nominal fee, and further, that the certificate be recorded with the county recorder. Blank affidavits may be had of the secretary, or at the office of the clerk of the district court.

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It is in these extracts, that the Board expresses its interpretation and rulings upon such parts of the medical law, as are at all discretionary with the Board. In No. "2" the Board, under, "with such other testimony as the Board may require," requires letters of recommendation. For what purpose, is not given; nor is there anything in the medical law requiring a letter of recommendation; nor is there a direct relation between a letter of recommendation and testimony showing that the diploma is genuine. It is, as an attorney would say, irrelevant. In the latter part of No. "2," the Board delegates its powers as a body to one of its members. In No. "5," the applicant for examination is compelled to make application at the office of the secretary, after which application, if approved, the applicant will be notified to appear. This rule contains an executive power, not found in the letter of the law, which necessarily goes with the spirit. No. "6," contains a queer ruling. It says the examinations will be made in whole or in part, in writing or orally. The law says they must all be made in writing. In No. "7," is a rule that no examination will be made on any one or two special topics or subjects, further that the examinations will be conducted by the entire Board, and upon all branches usually taught. The law says all examinations shall be upon certain enumerated branches. Also, that in absence of the Board, five of its members may act as a Board, under certain provisions. In No. "11," the Board again shows evidence of its belief in its having an executive power; it requires evidence of moral and professional standing. Referring to the medical law again, we are led to believe in the absence of any other authority, that the Board is, by this ruling, to enforce the spirit of the provision against incompetency. No. "15," refers again directly to the executive power of the Board. It evidently

intends to perfect, and keep correct the official register. The latter part of No. "17," referring to midwives, is clearly another attempt of the Board to exercise executive powers.

It is plain that the Board were at first impressed with the idea that it was expected of them to become an executive body, so far as was necessary to carry out the intent, letter and spirit of the law. These rules were sent broadcast throughout the state, and placed in the hands of the clerks of courts.

At this first meeting, W. H. Dickinson and J. F. Kennedy were appointed a committee to prepare notices, circulars and the proper blanks, to distribute the same, and to advertise in the local papers.

The next meeting of the Board was held in Des Moines, July 9, 1886. At this meeting it was decided that rule 17, relating to midwives, be dropped.

Twelve applicants presented themselves for examination. Three hundred and eleven physicians had already filed their applications. In striking out rule 17 of printed circular, the Board decided that they had no jurisdiction over midwives, also, that they disliked to issue certificates to midwives entitling them to practice, and also that the law did not contemplate the issuing of the certificate to midwives for merely being in practice. In section 8, of the medical law, the law recognizes as physicians all persons who profess to be physicians, surgeon, or *obstetrician*, and it compels in section 1, that every person practicing medicine, surgery, or obstetrics, in any of their departments, shall possess the qualifications required by this act. Under these two provisions, the Board is empowered, and required to receive the application of every person practicing medicine in any of its branches, and every person so practicing must make application, but when, however, it is shown upon such application, that the person was engaged as a midwife only, at the time the law was passed, April 8, 1886, then such party is exempted from any further provisions of the law, provided she practice midwifery only. In this case the Board is right in not issuing certificates, but its rulings are clearly wrong when it refuses to receive applications from midwives. Even was the Board not compelled so to do, it would not require the assumption of any more executive powers than they have already taken.

There was considerable necessary delay in examining certificates, and it was found necessary to send out acknowledgments of receipt of diploma

and fee, and also a notice in returning diploma. There is no room for criticism upon slowness of the returns, as no greater progress could have been made, and at the same time, give each application careful consideration.

The questions for the written examinations on each branch were prepared by some one examiner, who was assigned to the branch by action of the Board. These series of questions, without exception, were practical, general, and fully up to the examinations of any first-class medical school. Each applicant who was able to pass this examination, was necessarily well qualified to practice medicine. Most of the examiners had three sets of questions. Dr. Lewellyn conducted the examination in materia medica. Dr. Olney, Homeopathic, materia medica; Dr. Reynolds, Anatomy and Physiology; Dr. Kennedy, Obstetrics; Dr. Robertson, Pathology and Practice of Medicine; Dr. Miller, Eclectic, materia medica; Dr. Lewellen, Chemistry; and Dr. Clark, Surgery. Finally, this part of the work of the Board has been very creditable. At the July meeting, resolutions were passed, setting forth the requirements of medical colleges. The rules adopted were like those of the Illinois State Board of Health. The list of colleges that did not meet those requirements has already been published in the REPORTER. Among this list were two Des Moines colleges. The Board afterward decided that they had exceeded their jurisdiction, and that they had no right to pass upon these colleges until they had received application from their graduates. In the meantime, pledges were made from the Des Moines colleges to comply with the requirements of the Board. They had already decided to recognize the diplomas then issued by them. Finally, and on account of these pledges, they decided to recognize the diplomas issued hereafter. There was one exception among the applicants from these colleges. The applicant in question, set forth in his affidavit that he received his diploma after an attendance of not more than three weeks. The Board have had no further controversy with medical colleges. They are carefully preparing material to guide their future rulings. The Board held sessions at Des Moines, Dubuque, Mason City, Ft. Dodge, Sioux City, Council Bluffs, Davenport, Cedar Rapids, Burlington, Ottumwa, Creston and again at Des Moines. There has been a general compliance to the provisions of the law, even those who were qualified to register and were opposed to the law, have done so. Thirty-two hundred applications have been

received. Certificates for diploma have been issued to twenty-five hundred and eighty-six; for term of practice, four hundred and ninety; to midwives, eight; and for successful examination, sixteen. About one hundred have not yet been decided. Eleven applications with diploma have been rejected; on term of years, twenty-seven; some few are still continued. It will be noticed that certificates have been issued to eight midwives. Some of these midwives have diplomas from schools of midwifery, possibly all of them. How the Board came to this decision in regard to midwives, after its first ruling, is unknown. The records are not sufficiently complete to show the number of pharmacists who attempted to register as physicians. It is known positively, that there were several. A large number of protests have been received, anonymous and over signatures. In most instances the latter requested that the name be not made public. Of these communications, the majority were made in regard to applicants by reason of term of years. In these cases as with midwives, the Board assumed that it was not an executive body, and further, that it would pay no attention whatever to such communications, unless placed in the form of affidavits; in other words, it could have no knowledge of such communications, unless in the form of an affidavit. Its ruling, requiring a recommendation without affidavit is hardly consistent with the refusing of protests without affidavit, assuming that each comes from creditable sources. The law provides that the Board shall take evidence in the form of affidavits. It anticipates the necessity of so doing. It also gives it the right (although it does not compel) to make inquiries. It seems as if in this particular the spirit of the law is not being observed, and that the assumption of the same executive power that the Board has already assumed on other questions, would render its work to the profession much more satisfactory. The disregard of such protests over the signatures of creditable men may not be viewed with favor by those who wish to see the law strictly enforced. The Board certainly should not act upon any other evidence than affidavits. This is clearly intended, but it should follow up such information as may come to it, and obtain, if it can, by reasonable means, the affidavits from parties making such complaints over their own signatures. It is certainly not right in the face of such evidence, (for it is evidence if put in writing) for the Board to shut its eyes and grant certificates without inquiry.

Except upon these questions, in which there is difference of opinion as to the powers and duties of the Board, the general work of the Board has been thorough and satisfactory. The profession are all interested to know when, and where there will be a test case, and, whether the State Board of Examiners intend as do the Commissioners of Pharmacy, and like Boards of other states, for example, Illinois and Minnesota, are doing, enforce the law. In answer to the question put to an officer of the Board, "Does the Board intend to bring suits against violators of the law, and if so, where will such suits be brought, and when will they be commenced?" is given the following reply: "The Board is not an executive body." If it is not an executive body, what is it? It is certainly not a judicial body. In justice to the Board, it must be remembered that it is acting not wholly upon its own decisions, but partly upon the advice of others, and further, that this position of inactivity is not the sense of the entire Board. The profession should remember again that it is easier to point out mistakes than to anticipate them, and that it is better to be conservative, rather than too radical in the interpretation of any new law.

THE STORY OF MICHAEL SERVETUS BEING A CONTRIBUTION TO HISTORY OF MEDICINE.

BY J. M. BALL, JR., M. D., WATERLOO, IOWA.

In the annals of the Christian church and in the history of our art, the name of Michael Servetus occupies a place of equal prominence but not of equal respect. By the ecclesiastical historian, he is still regarded as a mocking blasphemer whose chief crime was a denial of the triune God; by the historian of medicine he is looked upon as a great scientific discoverer who opened a path for progress in medicine which previously, although not entirely unexplored, was but little understood. The former can see in him only a fierce heretic, while the latter views him as a martyr to the cause of science and the victim of the religious fanaticism of the age. It is more than probable that the truth lies between these two extremes and it will be my endeavor to give in this article a candid and impartial account of the life, discovery and fate of this unfortunate man. My materials have been drawn mainly from foreign authors, and necessarily so since, up to the present time, no complete history of medi-

cine has appeared in our language. The discovery which has rendered the name of Servetus immortal was that of the lesser circulation, and in order the better to appreciate his contribution to science it will be well to review the doctrines of the movement of the blood which were held previous to his time.

Among the ancient schools of medicine, the Alexandrian University was the most important. The warrior whose name it bears conceived, in the year 332 B. C., the grand idea of founding a city upon the banks of the Nile which should be a model of architectural beauty, a center of intellectual life and a lasting monument to his own greatness and magnificence. Connected with this school was a library of seven hundred thousand volumes, a botanical and zoological garden, an astronomical observatory, a chemical laboratory and a room for the dissection of the dead.¹ It was here that those great anatomists of antiquity, Erasistratus and Herophilus, taught the science of organization from actual dissections.² It has even been asserted that one of them, Herophilus, did not scruple to employ his scalpel upon the bodies of living criminals, but this tradition, which was believed by the Fathers of the Church, is not alluded to by any contemporary writer and Celsus,³ who is the first to mention it, speaks of it as a doubtful fact. It is not impossible to believe, however, as Renouard⁴ remarks, that men have occasionally lived who were so lost to the sentiments of humanity as to be willing to deliver into the hands of the anatomists living criminals, in the vain hope that among the bleeding entrails and in the heaving thorax they might find the secret of life.

Erasistratus gave names to the auricles of the heart, named the tricuspid valve, recognized the use of the trachea as the tube which conveys air to the lungs, declared that the veins are blood-vessels and that the arteries were air-vessels. He believed that the purpose of respiration was to fill the arteries with air; the air distended the arteries, made them beat and in this manner the pulse was produced. When once the air gained

¹Draper: History of the Intellectual Development of Europe. Vol. I., p. 188.

²Schulz: *Historia Medicinæ a Rerum Initio ad Aunum Urbis Romæ, DXXXV; Deducta.* Lipsiæ, 1728, p. 376.

³Cel-us: *De Re Medica.*

⁴Renouard: *Histoire de la Médecine depuis son Origine jusqu'ua, 19 Siecle,* translated by Comegys, 1856.

entrance to the left ventricle, it became the vital spirits. The function of the veins was to carry blood to the extremities.

The errors of Erasistratus were left unrefuted until the time of Galen (A. D. 131-200) who, in turn, held many erroneous views regarding the circulation. Galen proved that the arteries are blood-vessels and to do this he resorted to vivisections. We will ask him to speak for himself. He says:

"There are certain persons who offer to prove that the arteries do not contain blood, yet never test their assertion by vivisections. A teacher of this sort having asserted his ability to show that the aorta is always empty, and not demonstrating the fact, was exhorted to do so by a number of ambitious young men who had provided animals for the purpose. At first he refused to comply with their request unless suitably rewarded, whereupon they placed before him a thousand denarii as an inducement to prove his assertion. After much prevarication, when urged to proceed by all present, he took the scalpel and began by making an incision in the left side of the chest, where he imagined the artery could be exposed; but such was his want of anatomical skill that he cut directly down upon the bone. One of his associates, however, having opened through the intercostal spaces, he, again proceeding, injured in the first place the artery and afterwards the vein. The young men who had deposited the money with the spectators, now laughing at him, undertook the experiment themselves. They dissected through the intercostal spaces, as they had been previously taught by me, in such a way as not to injure the vessels; and without delay surrounded the artery with two ligatures; one at its point of departure from the heart and the other where it rests upon the spine, just as these boastful teachers had promised to do, in order that when the animal was dead one might see, from so much of the vessel as lay between the ligatures, whether or not the artery was empty of blood. But when it was found not to be empty, they declared that an incision must have been made in it at the time of applying the ligature, as if some other individual, and not these teachers themselves, had promised the demonstration."¹

Galen declared that the pulse was the dilation of the artery caused by the contraction of the heart. He erroneously taught that the purpose of respiration was to allow the air to enter the lungs where it cooled the blood. This theory was held even as late as the last century by the so-called father of modern physiology, Albrecht von Haller. Galen also taught that foramina existed in the inter-ventricular septum of the heart, that the arterial blood nourished organs of a delicate texture such as the lungs, while the venous blood nourished the grosser organs such as the liver.

Another of the ancients, although not properly a physician, who seems to have had an obscure view of the circulation, was Nemesius, who was

¹Galen: *Administrationes Anatomicæ*, lib. III., cap. 7.

Bishop of Emissa, a Syrian city, at the end of the fourth century. He lived during the reign of Theodosius and wrote his work *De Natura Hominis* in which a curious passage occurs which would indicate that he possessed some knowledge of the circulation. This is the more noteworthy since Bishop Fell, the editor of the Oxford edition of that work, was a bitter enemy of William Harvey whose great discovery he attempted to show was anticipated by Nemesis. Following is the passage which has been translated by Freind:¹

"The motion of the pulse takes its rise from the heart, and chiefly from the left ventricle of it; the artery is with great vehemence dilated and contracted, by a sort of constant harmony and order. While it is dilated, it draws the thinner part of the blood from the next veins, the exhalation or vapor of which blood is made the aliment for the vital spirit. But, while it is contracted, it exhales whatever fumes it has through the whole body, and by secret passages. So that the heart throws out whatever is fuliginous, through the mouth and nose by expiration."

Upon this single slender proof does Fell attribute the great discovery of the circulation to Nemesis and although it may be allowed that the latter had a little insight into the circulation fifteen hundred years ago, yet it was so imperfect that he neither comprehended it himself nor made it understood by any who followed him.

The man who above all others destroyed the anatomical errors of the ancients was Andreas Vesalius, of Brussels. This wonderful anatomist, before he attained the age of thirty, had written the most complete, accurate and the best illustrated work upon anatomy that had ever been seen. The illustrations were designed by Stephan van Calcar, and the best engravers cut them in wood to adorn that massive old folio which was published in Basle in the year 1543. Vesalius in the *Corporis Humani Fabrica* declares that no apertures exist in the inter-ventricular septum, and, in this manner, the greatest of Galen's errors was corrected and a long step was taken towards the discovery of the circulation. Such, then, is a resume of the knowledge of the ancients upon this subject, and now we must turn to the subject of this sketch.

Servetus, whose Spanish name was Miguel Serve, was born in the year 1509 at Villanueva in Arragon. But little is known of his early life; it is certain, however, that he was educated in jurisprudence and theology at the University of Toulouse. He made the scriptures and

¹ Freind: History of Physick, Pt. I., p. 229, London, 1750.

the fathers of the church his principal study, and it was at this time that a foundation was laid for the heresy which, in later years, was to cost him his life. In his twenty-sixth year we find him in Paris engaged in the study of medicine; in two years he was lecturing to the students, and in a short time he published a work on syrups and their medicinal uses.¹ In this book, which refuted many of the cherished statements of the Greek and Arab writers, the spirit of a bold reformer can be plainly discerned. Previous to this time, in 1530, he traveled to Italy in company with Quintaine, father confessor to Charles V, and here, associating with anti-trinitarians, he was strengthened in his doubts regarding the orthodox teaching. On his return he took the liberty to visit Oecolampadius, a Swiss reformer living in Basel, and Bucer, of Strasbourg, to whom he communicated his scruples. These Protestants, however, instead of refuting his arguments, denounced him as a heretic, loaded him with insults and ignominy, and warned all Christian teachers to shun him as a dangerous foe. Hated by both religious parties, and misrepresented by officious enemies, Servetus decided to proclaim his views to the world, and, accordingly, in 1531, published his work, "*De Erroribus Trinitatibus*." After many persecutions he issued, in 1553, another theological work with the title, "*De Christianisimi Restitutio*." Servetus was now in great danger, and the feeling against him was so strong that seven years previous to this time Calvin, when writing to his friend Viret threatened the heretic with death.² Tired of persecution and weary of life, Servetus unsuspectingly entered Geneva, where he hoped, among the independent Swiss, to find a refuge and pass his days in peace. He was immediately apprehended, and, at the instigation of Calvin, thirty-eight articles of accusation were drawn up against him; he was

¹The title of the work is: *Syruporum universa ratio, ad Galeni censuram diligenter exposita*. Mich. Villanovano anthore, Venetiis 1545.

²"Servetus cupit huc venire, sed a me accersitus. Ego autem nunquam committam, ut fidem meam eatenus obstrictam habeat. Jam enim constitutum habeo, si veniat, nunquam pati, ut salvus exeat."

²Translation of Calvin's letter to Viret: "Servetus desires to come hither, but was invited by me. I therefore can do nothing, since hitherto he has had my friendship. Yet I have determined, if he comes, that he shall not be allowed to depart uninjured."

Allwoerden, § 18, p. 43, quoted in Sprengel's *Geschichte der Arzneikunde*, dreiter Theil, p. 36, Halle, 1794.

tried before a council of sixty; the trial lasted three days, and the verdict was that of guilt. The sentence was a heavy fine and death by slow torturing fires. On the twenty-seventh day of October, 1553, an anxious and excited mob might have been seen passing out of the old Swiss city of Geneva. At the head of the procession, and securely placed between files of armed men, stood a scholar past forty years of age who was soon to be offered as a living sacrifice to the fanaticism of the time. A neighboring hill was soon reached, and here the excited populace halted; a stake was planted firmly in the ground, and to this the victim was securely fastened; faggots were placed around his feet, and on these were piled all the copies of his works which could be collected; the torch was then applied, and the soul of Michael Servetus went up in agony to its Maker amid the ribald jests and blasphemy of the people of that wicked city. After reflecting on this horrible scene, it is edifying to turn to a recent theological work and read the following:

"On the twenty-seventh of October, 1853, Servetus had been dead three hundred years. The people of Geneva went up to Chappel, the hillside where the ashes of Servetus had been strewn, and observed the day before the Lord, honoring Christian toleration and liberty of conscience, and begging forgiveness, in the name of the old council, respecting Servetus, even though he was guilty of transgression. But to Calvin, who has been censured unjustly, and made to bear the burden of others' errors, was decreed a statue before the cathedral of St. Peter's."¹

In the book of Servetus, "The Restitution of Christianity," is contained the first account of the lesser circulation; it states in plain and unmistakable language that the blood is sent by the contraction of the heart from the right ventricle through the pulmonary artery to the lungs, where it is changed in color from dark to red, and is thence returned to the left side of the heart. Contrary to the teaching of Galen, it declared the lungs, and not the liver, to be the seat of sanguification. Such was the discovery made by this unfortunate heretic.

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¹ Piper: Lives of the Leaders of Our Church Universal.

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REPORTS OF CLINICS.

SURGICAL CLINIC, MEDICAL DEPARTMENT, STATE UNIVERSITY.

FROM THE CLINIC OF W. F. PECK, A. M., M. D., PROFESSOR OF SURGERY
AND R. W. HILL, M. D., ASS'T.

CLINIC No. 5.—Nov. 5. CASE 28. H. R., æt 60. Male. Canadian. Married. Engineer. Five years ago he noticed a puffy swelling beneath the right eye. Two years afterward he discovered a nasal polypus in right nares. The right eye protrudes somewhat, and this is caused by the pressure from the tumor, which has also caused necrosis of nasal bone and inner wall of antrum. He has considerable pain of a neurlogic character.

Patient was etherized, and the polypus was removed through the right nares with forceps. The necrosed bone was partially removed in this way, partially by means of a curette. The right nasal bone was

partially removed, also the turbinated bones and the inner wall of antrum.

November 5th, 7 P. M., pulse, 106; temperature, 98 2-5.

November 6th, 7 A. M., pulse, 128; temperature, 98. 7 P. M., pulse, 105; temperature, 100 2-5.

November 7th, 7 A. M., pulse, 94; temperature, 98 3-5. 7 P. M., pulse, 102; temperature, 101 2-5

November 8th, 7 A. M., pulse, 105; temperature, 100 2-5. 7 P. M., pulse, 104; temperature, 101 3-5.

November 9th, 7 A. M., pulse, 100; temperature, 99 4-5. 7 P. M., pulse, 100; temperature, 101 3-5.

November 10th, 7 A. M., pulse, 100; temperature, 100 1-5. 7 P. M., pulse, 105; temperature, 101.

November 11th, 7 A. M., pulse, 84; temperature, 99. 7 P. M., pulse, 88; temperature, 99 1-5.

November 12th, 7 A. M., pulse, 78; temperature, 98 1-2. 7 P. M., pulse, 80; temperature, 99.

He made a good recovery, and after two weeks was allowed to go home, with the understanding that he was to return in a week for the removal of a portion of dead bone that had escaped notice.

CASE 30.—W. E. K., æt 23. Male. American. Single. Farmer. Thirteen years ago he received an injury to the back of his head by the falling upon it of a fence rail. There was a laceration, which, however, soon healed up. Four days after receiving the injury he had an epileptic seizure, and these have recurred from time to time ever since. In the last three years he has averaged about one a month. He sometimes has premonitory symptoms, but usually not. He suffers from headache, which seems to radiate from point of original injury.

He was put under observation for a week, his head having been shaved. A scar was found to occupy the position he had given as the seat of the injury, and underneath this there appeared to be a depression of the skull running at right angles to the right branch of lambdoid suture, and capable of holding the ball of finger.

Operation: A semi-elliptical fold of the scalp and periosteum was dissected up, and then two disks of bone were removed with a trephine one inch in diameter. The first disk was adhered to the dura mater, and very much thickened. The second disk appeared to be normal. The

wound was sprinkled with iodoform and packed with old muslin, being careful that there be produced no pressure upon the membranes.

It is probable that the injury this young man received has caused the epilepsy, and when we performed this operation it was with the hope of relieving the condition which gave rise to the attacks.

Dec. 24th. He has been discharged, the wound having healed up sufficiently so that he can look after it himself.

CASE 31.—C. E., æt. 14. American. Male. Present trouble began seven years ago, at which time he suffered from an attack of typhoid fever. He got well of this, but it left him with both legs paretic. At present he has talipes equinos varus, which has been produced gradually. One group of muscles was paretic (the extensors) and as there was no resistance to the action of the flexors, there has thus been produced a gradually increasing deformity. He walks on the dorsum of the foot and extremity of the fibula.

We might afford him relief by the subcutaneous division of the contracted tendons and the application of a suitable apparatus to keep the foot in a proper position. Deferred.

CLINIC No. 7.—Nov. 19. CASE 35. O. R., æt. 10 months. Male. American. He has deformity of both feet. They are turned in and heel pulled up. It is talipes equino varus. Tenotomy recommended. Deferred.

Nov. 26. Both tendo achilles were divided subcutaneously, and on December 10th properly made shoes were put on. The mother was instructed never to take off these shoes except for hygienic purposes. Child must wear them day and night.

CASE 37.—M. S., æt. 22. Female. American. A year ago a growth appeared under jaw, near thyroid cartilage, and in median line. It is firm, smooth, not movable. It is a cyst. A trochar was plunged in, and a clear, viscid fluid withdrawn. An eight-per-cent solution of carbolic acid was injected for the purpose of setting up an adhesive inflammation and obliterating the cyst.

CASE 38 —J. M., æt. 22. Male. American. Clerk. Eight years ago he noticed small lumps in the floor of mouth. These have continued to grow, until the floor is one solid mass, and an enlargement and infiltration at base of tongue holds that organ fast, so that he cannot protrude it. Deglutition is difficult, and articulation is indistinct.

The growth is not painful, and consists of extremely enlarged lymphatic glands. Advised an explorative operation to see what can be done. Deferred.

Nov. 26. Comes up for operation. Incision was made in median line, from chin to sternum, and one on either side at lower border of lower jaw, as far as angle, and the two flaps dissected back. It was now found that removal of growth would necessitate removal of trachea and œsophagus, so the wound was sewed up, being the best thing that could be done.

Dec. 3. Has done well. Wound has healed by first intention. All the stitches have been taken out.

Dec. 17. Three days ago he suffered from œdema glottis, and when seen he was unconscious, cyanosed, and breathing with the greatest difficulty. Tracheotomy was performed, and a tracheotomy tube inserted. He can go home in a few days, but we will advise him to wear the tube the remainder of his days.

CASE 40.—B. G., æt. 72. Female. German. Her present trouble commenced two years ago. She noticed a swelling in right side of neck. It did not increase in size very much till four months ago, when it developed very rapidly and became very painful. The glands on right side of neck, and extending on to the cheek, have become enlarged and infiltrated. She has much pain, of a shooting, stinging character. Tumor is very hard. The tumor is a scirrhus.

It is the wish of herself and friends that the operation for removal of the growth be performed. The growths were thoroughly excised, and in the excision the carotid artery and jugular veins were exposed quite a distance. She died November 22, from exhaustion.

November 18th, 7 P. M., pulse, 100; temperature, 98 2-5.

November 19th, 7 A. M., pulse, 100; temperature, 99 4-5. 7 P. M., pulse, 117; temperature, 100 3-5.

November 20th, 7 A. M., pulse, 121; temperature, 100. 7 P. M., pulse, 123; temperature, 100 4-5.

November 21st, 7 A. M., pulse, 128; temperature, 100 2-5. 7 P. M., pulse, 140; temperature, 101 1-2.

November 22d, died 1:30 A. M.

CASE 41.—W. S., æt. 10 months. Male. American. Hare lip and cleft palate. Deferred.

Nov. 26. Operated, edges of fissure were trimmed, the two flaps released from the superior maxilla, and then carefully brought in opposition so that skin opposed skin, and mucous membrane opposed mucous membrane, and retained in this position securely by two silver pins and figure-of-eight sutures, and an additional silk suture in the mucous membrane of the lip.

Dec. 10th. Pins have all been removed; the union is good and he can now go home with a very presentable lip.

CLINIC NO. 8.—Nov. 26. CASE 43. L. R., æt. 15. American. Female. When she was two years of age she had typhoid fever, and since then the whole left side has been weaker than the right side. One of the sequelæ of typhoid fever is a paralysis which may involve a certain group or groups of muscles, and in this case we have a paresis involving both upper and lower left extremities. They are colder and not so well developed as the corresponding members of the other side. There has been an atrophy of nerve elements at some point. The left hip is deformed, but this is due to the fact she is using the right side more in order to compensate for the weakness of the left lower extremity. The right hip, because of its increased use, has developed excessively, and thus is able to relieve the other extremity of considerable work.

The left lower extremity will never be as strong as its fellow. Medicines, excepting those promoting nutrition, are useless. She should wear a mechanical appliance which should be of the nature of a splint to the leg, thigh and hip, with joints to afford motion at these points. This splint would be worn for the purpose of preventing further changes. 311

CASE 45.—H. P., æt. 52. American. Insurance agent. Present trouble commenced thirty-eight years ago, when he had necrosis of lower fourth of right tibia, on its anterior aspect. There were several sinuses through which pus was freely discharged. He was operated upon, but one of the sinuses on the inner side of leg never healed up.

An incision was made on inner side of leg over tibia, extending from a point two inches above inner maleolus upwards for three inches. The sound bone was chiseled through in the direction of the sinus, and a sequestrum was found three inches long by one inch wide, and one-fourth of an inch thick. The cavity was thoroughly scraped, nothing but healthy bone remaining; then iodoform was sprinkled into cavity, and it was packed with old muslin.

Subsequent dressings were oakum, packed into wound, and later on balsam of peru was used to stimulate granulations. On Dec. 10th he insisted on going home, and was allowed to go, upon taking upon himself the responsibility.

November 26th, 7 P. M., pulse, 70; temperature, 99 1-5.

November 27th, 7 A. M., pulse, 86; temperature, 98 2-5. 7 P. M., pulse, 81; temperature, 100 1-5.

November 28th, 7 A. M., pulse, 73; temperature, 98 3-5. 7 P. M., pulse, 81; temperature, 100 1-2.

November 29th, 7 A. M., pulse, 78; temperature, 99. 7 P. M., pulse, 83; temperature, 100 2-5.

November 30th, 7 A. M., pulse, 76; temperature, 98 2-5. 7 P. M., pulse, 88; temperature, 99 4-5.

December 1st, 7 A. M., pulse, 71; temperature, 98 2-5. 7 P. M., pulse, 76; temperature, 99 2-5.

CASE 47.—C. L., æt. 25. American. Farmer. Male. Trouble commenced last spring, when a growth appeared in right axilla, which has continued to increase in size rapidly, until now it is the size of a very large adult head. Anteriorly it extends inwards to the pectoral muscles; posteriorly it extends inwards under the scapula. Three weeks ago it commenced to ulcerate, and is now discharging pus by three openings. It gives him considerable pain.

It is a spindle, cylindrical and giant-celled sarcoma. Incision made in sound tissue some distance from edge of tumor, and circumscribing it, and then the tumor was separated from its peripheral fastenings, its nutrient artery tied, also the axillary vein, which had been injured. All the neighboring enlarged glands were removed. Much integument had of necessity been sacrificed, but the edges were drawn together as closely as possible with double silk sutures, the wound sprinkled with iodoform and packed with old muslin.

Dec. 24. He was discharged to-day. The wound nearly healed up, and granulating nicely.

CASE 48.—G. W. K., æt. 16. Male. American. Present trouble commenced two years ago. An abscess formed on the inner side of ulna, at upper end of its lower third, and this has never entirely healed up. No cause known. Necrosis of ulna.

An incision of three and one-half inches was made over posterior sur-

face of ulna, the tissue and periosteum dissected back, the bone chiseled into in the direction of the sinus, and a sequestrum removed. In addition found an osteo myolitis existing. All unhealthy tissue was removed and usual dressing of old muslin applied.

Dec. 3rd. Was allowed to go home, where he will be treated by his family physician. Wound is doing well.

November 26th, 7 P. M., pulse, 90; temperature, 99 1-5.

November 27th, 7 A. M., pulse, 100; temperature, 98 2-5. 7 P. M., pulse, 95; temperature, 100 2-5.

November 28th, 7 A. M., pulse, 91; temperature, 98 1-5. 7 P. M., pulse, 94; temperature, 99 4-5.

November 29th, 7 A. M., pulse, 88; temperature, 99 1-5. 7 P. M., pulse, 92; temperature, 99.

November 30th, 7 A. M., pulse, 94; temperature, 98 2-5. 7 P. M., pulse, 99; temperature, 99 2-5.

December 1st, 7 A. M., pulse, 80; temperature, 98 3-5. 7 P. M., pulse, 86; temperature, 99 1-5.

CLINIC No. 9.—Dec. 3. CASE 52. J. H. D., æt. 8. Male. American. When he was three years old it was noticed that he had a deformity of spinal column at base of lumbar region. There is a posterior curvature. He has also three sinuses discharging pus, one opening over left iliac crest, one under left tuber ischii, and one in left groin. When he stands on right leg he flexes left leg so that it shall be at right angles with trunk. Any attempt to straighten gives him considerable pain.

He has an inflammation and suppuration of lower lumbar vertebræ and upper part of sacrum.

We cannot apply a plaster jacket, because the place of curvature is so low down. He should have an apparatus made, so as to support the vertebral column above the curvature and favor fixation of the involved vertebræ by a bony ankylosis.

CASE 53.—A. W., æt. 17. American. Male. Three years ago he had suppurative pleuritis, and the purulent contents of the pleura was discharged through an incision on left side in sixth intercostal space. The opening never closed entirely, but has now no connection with the pleural cavity. Exploration with a probe leads to the interior of the sixth rib, and we can feel necrosed bone. Incision was made down to the rib, and tissues and periosteum were dissected back. The rib was chiseled

into, and from medullary structure of rib a sequestrum was removed. Iodoform was sprinkled into wound, and it was packed with strips of old muslin. He was discharged in two weeks, the wound looking well and filled with healthy granulations. The treatment after the first dressing consisted in applying balsam of Peru, and packing wound to bottom with oakum. This treatment will be carried out by his family physician.

CLINIC No. 10.--Dec. 10. CASE 54. T. R., æt. 44. English. Married. Miner. He was bitten on ulnar side of right hand by a dog on the seventeenth of June. Since then he has had much pain in the hand at the site of the wound. The scar is very small and presents no special feature. He fears that he will have hydrophobia.

We can do nothing particularly for the wound, nor could we prevent rabies if we thought he was to have it. We will try and reassure him, and thus relieve the worry and quiet the fears he has of being about to be taken with this dread disease. We make light of his symptoms, and do nothing for them, in order that he may leave us assured that his fears are groundless.

CASE 59.--G. W. F., æt. 31. Male. American. Laborer. A year ago he had a compound multiple fracture of arm and forearm. His present trouble commenced at that time. Flexion, pronation and supination are good. Fingers and wrist are partially ankylosed. There is non-union of the ulna and a false joint. We would recommend the following operation: Exsection of a portion of the radius, to shorten it sufficiently so that the two portions of ulna, after trimming off the ends, can be brought together and retained by silver wire sutures, and treating it subsequently as a compound fracture. Will return in January, 1887.

CASE 60.—Dr. H., æt. 29. American. Male. He has epithelioma of the lip. Removed a triangular section of the lip, one and a half inches in breadth at the base, the apex being at chin. The flaps were brought in opposition, part for part, and five silk sutures were taken to retain it in position. Iodoform was dusted over line of wound.

CLINIC No. 11.—CASE 61. H. S., æt. 6. Male. Two years ago there was noticed an enlargement of the left testicle, which also became very hard. Later on the abdomen began to enlarge. The enlargement was first noticed on left iliac region, and now fills the whole cavity. Palpa-

tion reveals numerous hard tumors. The enlarged testicle has given much pain at times. An exploration of contents of scrotum was made, a trochar plunged in, and a considerable quantity of a bloody fluid was withdrawn. Child is losing flesh, and on account of pain is losing sleep.

Sarcoma of testicle with secondary involvement of mesenteric glands. Treatment to be supportive, and pain should be relieved. This is all that can be done.

CASE 62.—M. S., æt. 26. Female. Married. Present trouble began three years ago. She noticed, at that time, a small growth to the left of the larynx, which has been slowly increasing. It gives her trouble by pressure upon the larynx, and she has a feeling as if a tight band were drawn about throat. It is a cystic tumor, and excision is to be recommended. She prefers to wait awhile.

CASE 63.—W. E. K., æt. 24. Male. Farmer. He has trouble with his urethra, which began about seven years ago. In the morning lips of meatus are glued together by some mucous. The stream of water he makes is small, with a disposition to sprinkle, and only comes after much straining. The urethra will admit of but a No. 10 sound, and we detect an obstruction at the bulbo membranous portion of the urethra. It was divided with an urethrotome, and then it was easy to pass in a No. 17 sound.

Dec. 24. Was discharged with instructions to have a No. 17 instrument passed at regular intervals.

CASE 65.—J. McC., æt. 30. Female. American. Single. Four years ago she was thrown from a sleigh, and at that time received an injury, a femoral hernia having been produced. Fourteen months ago it became strangulated, and an operation was made to relieve this condition. Two weeks afterwards an abscess formed in the track of the incision. It was opened, and pus and fecal matter escaped, and have continued to do so in varying quantities up to the present time. The present opening of the sinus is above Ponpart's ligament on the right side, and about midway between symphises pubes and the ant. sup. crest of the ilium.

She wishes an operation to relieve this condition. It will be done at the first clinic after the holidays.

Reported by Ferd. J. Smith.

SOCIETY REPORTS.

CENTRAL DISTRICT MEDICAL ASSOCIATION OF IOWA.

The regular semi-annual meeting of this society met at Grand Junction, Iowa, December 21, 1886, and was called to order by the president; officers and members present as follows:

H. D. Ensign, president; A. A. Deering, secretary and treasurer; D. L. Scarborough, O. W. Lowry, W. S. Schermerhorn, G. D. Rowe, Chas. Enfield, D. S. Fairchild, J. T. Coveny, J. M. Sherman, A. L. Wright, G. H. Grimmell, D. N. De Tar, J. H. Lyon, J. H. Noyes, L. R. Sale, W. J. Saunders, E. B. Plumb, S. O. Stockslager.

After the reading of the minutes of the last meeting a very interesting paper on "Antipyrine" was read by Dr. Sale. On motion the paper was received by the society and discussed; but few members had used the remedy to any extent. Dr. Wright had been pleased with its action in several cases of typhoid fever. It had made his patients more comfortable. On motion of Dr. De Tar it was voted to send the paper of Dr. Sale to THE REPORTER for publication.

The society now took a recess of a few moments to examine a case brought in for diagnosis.

Dr. Enfield was excused from reading the paper he had prepared, and the subject was continued over to next meeting.

A paper on that always interesting subject, "Diphtheria," was read by Dr. Sherman. The paper was discussed at considerable length. The discussion showed that the members were not agreed as to the best treatment, but a majority of those who spoke favored the calomel treatment, claiming much better results than by any other method.

The following members were elected delegates to the American Medical Association, the secretary to fill all vacancies: Drs. Sale, Deering, Sherman, Lowry and Rowe.

Delegates to the State Medical Society: Drs. Sale, Scarborough, Noyes, Coveny and Saunders.

Boone was selected as the place for holding the next meeting.

The following resolution was presented by Dr. Coveny and adopted:

Be it Resolved, That we, the members of the Central District Medical Society, tender our regrets to our absent and indisposed members, P. S. Moser and L. J. Alleman.

Drs. De Tar and Stockslager were appointed committee of arrangements with the secretary.

The following members were appointed to prepare papers for the next meeting: Drs. Enfield, De Tar, Saunders, Deering, Lowry, Farr and Cass.

On motion the secretary was instructed to pay the bills for this meeting.

At 7 p. m. the society adjourned to the dining-room of the Ashley House, where the members and ladies to the number of about forty sat down to a bountiful supper. After some pleasant after-supper speeches, the balance of the evening was spent in very pleasant social intercourse.

A. A. DEERING, Secretary.

MUSCATINE COUNTY MEDICAL SOCIETY.

MUSCATINE, October 29, 1886.

The Muscatine County Medical Society met at 2 p. m., at Dr. Robertson's office. President Dean in the chair. Members present: Drs. Baxter, Reynolds, Robertson, Ruth, Taylor and E. L. Braunsworth. A paper on "Hemiplegia," by Dr. Reynolds; one on "Hyperplasia," by Dr. E. L. Braunsworth, and one on "The Influence of Opium on the Fœtus," by Dr. Ruth, were read before the society. After a spirited discussion the papers were received and a vote of thanks tendered the writers. Interesting cases were brought before the society, followed by clinical demonstrations of "The Pneumatic Air Cabinet." Drs. Baxter and Dean were appointed to prepare papers for the next meeting, and the society adjourned to meet November 26.

I. S. BRAUNSWORTH, Secretary.

SELECTIONS.

SURGICAL APHORISMS.

BY J. J. BERRY, M. D., OF PORTSMOUTH, N. H.

Surgical literature does not always supply the information most essential to the operator, neither is the skill or dexterity of the surgeon a guarantee of successful results.

To the minor details of surgical care, therefore, upon which I believe hinges the great progress and successes of the day, I desire to call attention. If the views expressed should savor of dogmatism, they may be pardoned as being the result only of well settled convictions.

Do not operate upon patients who are under novel conditions of locality, temperature, domestic life, etc. Sudden and well-marked variations of temperature and humidity have their definite and peculiar effects upon the course and termination of operative cases.

The secretions should be fully regulated prior to every operation, and should form an important portion of the after-treatment.

The administration of quinine seems to us to have a decided effect upon the intensity of surgical fever.

By chronic alcoholism shock is rendered more profound and persistent, suppuration more liable, secondary hæmorrhage more imminent, and internal complications more frequent.

The habitual use of opium has a very unfavorable effect upon the mortality of surgical cases.

To the method of Lister are we indebted for two things, namely, aseptic conditions and attention to details. In some other particulars it is objectionable and cannot be considered as fully abreast of the times. In the large majority of cases the use of strong antiseptic solutions is reprehensible; the latter are decidedly irritating, and by their action upon the tissues, exert an unfavorable influence upon the blood supply of a given part. The good effects attributed to them may in reality be due to irrigation rather than to germicidal properties. The free use of water rendered sterile by previous boiling, will be found to meet most indications. We are persuaded that ordinarily there is no suppuration in deep wounds

which are aseptic and under proper care, and moreover that it is only under certain conditions that germs are harmful.

It may be stated that in many cases drainage tubes of whatever variety are of doubtful utility. Those of small calibre are manifestly injurious, large sizes are a source of irritation, and delay healing in deeper portions of the wound. Although certain cases seem now to require them, recent advances indicate that in many varieties of wounds we shall soon dispense with all methods for securing drainage, in fact, there will be nothing to require it.

Immediate union is prevented and delayed by certain conditions of the tissues. The common practice of dissecting out tumors and the like, with the handle of the scalpel, should be pursued only when absolutely necessary. The result of such a procedure is disastrous to the vitality of the parts; minute blood-vessels are torn through and off, nerve filaments are bruised and minute portions of tissue are deprived of their blood supply and become necrotic. It is far better to include portions of healthy tissue in an exsected mass, than to economize in this particular and produce a lacerated wound. The same thing results when considerable portions of tissue are caught in the teeth of artery forceps and twisted, or when a cautery iron is applied to a bleeding surface, or when strong styptics are applied to control hæmorrhage.

For similar reasons, a wound should not be closed until the slightest oozing from its surface has been arrested. Not only does coagulated blood prevent coaptation, but unless rapidly absorbed is sure to invite suppuration. Every wound should therefore be packed with some aseptic absorbent material before being permanently closed. In fine, the opposing surface should be as free as possible from all sources of irritation of whatever nature.

Histology teaches that adipose tissue possesses a very low degree of vitality, and this fact is borne out by clinical experience. It is highly important therefore, that every wound should be freed of every accessible portion of a substance so inimical to repair.

As a rule no operation is well done unless rapidly performed. The exposure of a wound for a long time to the atmosphere (contaminated or not) together with frequent and rough manipulation has no good effect upon its subsequent behavior. * * * *New England Medical Monthly.*

EDITORIAL.

DEATH.

He has again invaded the ranks of the Profession and taken one of its brightest members, Dr. H. C. Huntsman, of Oskaloosa, late President of the Iowa State Medical Society.

His, was a strong vigorous character. His name was always an honor to the profession.

The REPORTER was the recipient of many favors from the late Dr. Huntsman. He was a friend, when friends were most in need, and although he is gone, his kind words of encouragement and appreciation will be fresh to the REPORTER, so long as it is under its present management. A more extended notice will be given hereafter.

EDITORIAL NOTES.

Nearly a year and a half ago the REPORTER attempted to depart from an almost universal custom, and it is frank to admit that it is obliged to come back, in order to avoid the daily letters of explanation. At that time, a year and a half ago, we attempted to publish the REPORTER, dating it a month behind, it containing, however, the matter of the month for which it was dated. The common custom in publishing Journals is to date the month in which they are issued. The attempt to explain why, that although apparently the REPORTER was always a month behind it was really on time, has become too tiresome. Therefore, as above stated, we return to the good old custom and will hereafter name each issue after the month in which it makes its appearance.

This will not change the numbering of the Volume, therefore, the December number of Vol. IV., will never appear, but number 4 of Vol. IV. will appear in its regular order. With this explanation and change, made at the beginning of the year, we trust that our readers, advertisers and ourselves will be free from further annoyance from this cause.

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A question has been raised in regard to the circulation of the

REPORTER. To satisfy the parties interested, we have placed an insert, in this issue, on which will be found an affidavit from the Publishers and another from the Printer. It was impossible to know the exact number of copies to be delivered, at the time the printer made his affidavit, therefore, the affidavit is made upon the number of copies sent to the bindery at the time the insert was printed, the only discrepancy possible would be the loss of not more than a dozen copies in the bindery.

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* *

We are sorry to report that Dr. W. S. Robertson is gradually wasting away, and that there is little or no chance for his recovery.

LATER.—He is dead.

WHAT IS SAID ABOUT OUR ADVERTISERS.

SUBSTITUTION.

Does the profession realize how much injury is done to physicians and their patients by *the substitution* of spurious, or the so called “just as good” preparations; *in place of* goods of standard reputation?

The following letter from Doctor Springer is a case in point.

Respectfully,

BATTLE & Co, *Chemists Corporation.*

VAN BUREN, OHIO, Sept. 10, 1886.

Messrs. Battle & Co., St. Louis, Mo.

GENTLEMEN:—In the case of “Insomnia,” which I reported to you in May last, and wherein it is required seven drachm doses (hourly, one drachm) to produce sleep by Bromidia bought at pharmacy in Findlay—it required but one drachm, repeated in *one* hour, to produce a good night’s rest, of the sample bottle you sent me. I also use the Bromidia (Battle & Co.) with the best results in “cholera infantum,” and in “hysteria.”

Am satisfied that the article bought at Findlay was “Spurious.”

GEO. SPRINGER, M. D.

SCOTT & BOWNE, manufacturing chemists of New York, make a specialty of producing an emulsion of cod liver oil with hypophosphites. Their

great care in selecting the oil and in making the combination is amply proven by the high therapeutical value set upon the emulsion by the profession. It is no new remedy but has been steadily growing in demand for a number of years. It is certainly very useful in restoring wasting tissue, and in cases of scrofulous children it acts almost as a specific. They also offer Buckthorn Cordial which is highly useful in the treatment of constipation.—*Massachusetts Eclectic Medical Journal*.

STATE INSTITUTIONS.

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE.

REPORT FOR DECEMBER, 1886.			
	M.	W.	T.
Admitted.....	14	13	27
Discharged.....	7	11	18
Remaining....	418	330	748
Left for visit.....	5	4	9
Returned from visit.....	5	3	8
Discharged recovered.....	1	1	2
Discharged improved.....	4	8	12
Discharged unimproved.....	0	0	0
Discharged died.....	2	2	4

GERSHOM H. HILL, *Superintendent*.

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR DECEMBER, 1886.			
	M.	W.	T.
Remaining October 31, 1886.....	413	261	674
Admitted in November.....	17	10	27
Returned from visit during the month.....	2	1	3
Total under care in the month....	432	272	704
Discharged during the month.....	14	13	27
Daily average under care.....	416	259	675
Discharged recovered.....	8	5	13
Discharged improved.....	1	4	5
Discharged unimproved.....	2	3	5
Discharged died.....	3	1	4
Remaining, November 30, 1886.....	418	259	677

H. A. GILMAN, *Superintendent*.

The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

DES MOINES, IOWA, FEBRUARY, 1887.

NO. 5.

ORIGINAL ARTICLES.

ELECTRICITY IN THE TREATMENT OF GOITRE.

BY H. C. ESCHBACH, M. D., MONROE, IOWA.

It is with considerable hesitation that I venture any remarks on this already well discussed subject, nor in what I shall present do I lay claims to anything new or original. And it is only with the hope of encouraging a little more persistence in treatment than the busy practitioner is apt to give to patients presenting this malady, and averting his usual gloomy prognosis regarding it, that I have thought it worth while to discuss Grave's disease at all.

The train of symptoms in this disease is exceedingly variable. But a few features stand out in such a prominent, pathognomonic manner, "that he who runs may read." These are, palpitation of the heart, the enlarged Thyroid, the exophthalmos, and usually anæmia of some sort, more or less profound, and indeed, one or more of these phenomena may be absent or unnoticed, and yet the trouble be denominated as Grave's disease:

The first symptom to make its appearance is the irregular and excessive action of the heart, though this of itself, is sometimes, indeed in my experience generally, overlooked by the patient, and not until the enlarged Thyroid, or that and the Exophthalmos are noticed, is the patient sufficiently alarmed to seek medical advice.

In fact, the gland is usually treated by the patient with Iodine and other topical applications, until it has become greatly enlarged and hardened, and is then presented to the physician in its most unpromising form for cure. Of course in a large proportion of cases he fails to make any permanent impression on the gland, and growing discouraged the patient seeks other advice or resorts again to topical applications on her own account, and another traveling opprobrium to the profession is added to the list.

Encouraged by the flattering promises held out by Drs. Hammond and Bartholow, I have for some time not attempted the treatment of this disease without the use of Galvanism, in addition to the usual topical and internal remedies with which all are familiar. And it is the result attained by this method in a few of the most interesting cases which I wish now to present.

CASE No. 1.—Was a young lady of twenty-six years, a teacher by profession. After a hard year's work, she came home to nurse a sick mother, who after a prolonged illness, died unexpectedly. The nervous shock to the young lady was profound. She was completely prostrated and passed sleepless days and nights. The slightest exertion or start of any kind was attended by tumultuous action of the heart. Almost from the first she noticed choking sensations, as though there were pressure made from the outside upon her throat, and within three days from the date of the shock, the Thyroid was quite noticeably enlarged. The gland fluctuated in size for a number of weeks, but was always more or less enlarged.

It was painted with Iodine and she took internal remedies, presumably the Bromides and Cardiac sedatives. She attempted her household duties as usual, after a time, but was subject to such paroxysms of palpitations, nervousness and sleeplessness, that she was wholly unfit for either physical or mental exertion. Nine weeks after the incipency of the disease she came to my office for treatment. She was then reduced in weight, pale and anæmic. The enlarged gland was apparent from a distance. Its right lobe was hard and resisting on palpation. The left somewhat smaller, softer and pulsating.

The exophthalmos was quite marked, especially in the right eye. When told to look at her feet, the upper lid of the right eye did not follow the

movement of the globe, though the co-ordination in movement seemed perfect in the left eye.

The pulse rate was 120, which she informed me had been its ordinary rate for over a month though there were often paroxysms when the pulse ran much higher. I had an opportunity of testing the truth of this in a very few minutes. For on bringing out the Battery to use on her, she became somewhat alarmed,—the idea being novel to her—and I noticed the pulse rate go up to 160 almost at a bound.

However, it came down to its ordinary rate of its own accord in about ten minutes, and I began the application of the battery, placing one pole under the ear, the other over the epigastrium. using a current of twelve cells. After passing the current for ten minutes I found the pulse rate reduced by eight beats. I then passed a lighter current over the gland, greatly reducing the left lobe in size, and making but little impression on the hardened right lobe. A still lighter current was passed over the eyes. I then ordered the Thyroid to be painted with Iodine, and gave a prescription containing Bromide of Zinc, Phosphate of Iron, Digitalis and Ergot, together with some laxative pills, and asked her to return the following day for galvanism. After this, the battery was applied in the same way every other day, the intensity of the current being graduated in accordance with the patient's comfort. This was attended with a reduction in pulse rate of from eight to ten beats at each seance, and a reduction of the ordinary pulse rate to 100 in the first week, 90 within the second and 80 within the third, although there were still periods of exacerbation when it ran much higher.

In this time the left lobe of the Thyroid was entirely reduced, and the right lobe only moderately reduced and still hard and unyielding. I then gave an ointment of the red oxide of Mercury to be rubbed into the gland, and continued the galvanism for another week, the gland still decreased in size and hardness. The exophthalmos entirely disappeared, the palpitation was no longer annoying. Sleep, appetite, and strength had returned, and as she expressed it, "she was well."

She was discharged with directions to continue the internal remedies a week or two longer. Six months later she was doing hard school work and holding her own well. The right lobe of the Thyroid could only be felt as a small, hard mass beneath the tissues, but was not seen except on close scrutiny.

There had been no further trouble with the eyes, no more paroxysms of palpitation, and though still nervous and easily agitated, yet not more so than before she became a subject of Grave's disease. And moreover, she declared that she had never noticed even a temporary enlargement of the Thyroid.

CASE II was a stout, plethoric looking woman, approaching the climacteric. The enlargement of the Thyroid and palpitation had begun more than a year before. The gland much enlarged on both sides and hard and unyielding to the touch, indicating hyperplasia of the gland tissue.

The pulse rate was over 100 full and strong, coming up under the finger like a hammer. The movement of the heart could be seen through the clothing. The beating of the carotids could be seen and that of the abdominal aorta was observable on palpation. The patient was exceedingly nervous and tremulous. The bowels were obstinately constipated. The eyeballs stood out prominently. Saline cathartics, light diet and a mixture containing belladonnæ and ergot were prescribed. Red oxide of mercury ointment was directed to be applied to the gland, and the battery was used as in the former case. When the patient returned after two days, she expressed herself as feeling better. Her appetite was improved, her sleep better. She had fewer paroxysms of palpitation and was more composed. Pulse rate, 94, and less tumultuous.

At the end of a week, aconite was substituted for the belladonnæ, and quinine added. The use of galvanism was continued for nearly three weeks, with an abatement of all the symptoms. The heart's action was reduced in rate and force. The exophthalmos was less prominent and the Thyroid noticeably decreased in size.

One day, after witnessing a runaway, which greatly agitated her and brought on a paroxysm of palpitation, she noticed the Thyroid increase to its former great size. This at once discouraged her, and, after visiting my office a few times more, she left me to seek consolation in other hands.

Whether a cure could have been effected in this case cannot now be known. Certainly a great amelioration of all the prominent symptoms had taken place under the treatment, with a promise of better things in the future. It is equally certain that she still carries about

with her the Goitre—more prominent now than ever, and is much of the time bed-ridden by reason of her nervous paroxysms.

CASE No. 3.—Was a young lady of twenty-three years, who several months after a prolonged attack of Typhoid fever, by which the vital powers had been much reduced, noticed the enlargement of her neck, nervousness, and excited heart's action. I saw her first within a month after the enlargement became apparent. The pulse rate was then over 100, and subject to acute exacerbations on the slightest physical or mental exertion. The face was pale, the lips and lining membrane of the mouth were pallid. The Thyroid was at the time not much increased in size, but under excitement filled up largely. There was no prominence of the eye-balls noticeable; but on questioning her she recollected noticing a fullness of the orbits and some weakness of vision.

The mixture of Bromide of Zinc, Iron, Digitalis and Ergot was ordered and galvanism applied. No other topical application was made to the Thyroid. She steadily improved under the treatment and within two weeks there was no noticeable enlargement of the neck, and her general condition was much improved.

Galvanism was now abandoned and a course of ferruginous tonics continued for some time longer with a general and permanent improvement of health. There has been no return of the local symptoms since.

CASE No. 4.—Was a woman of forty years, of the nervo-sanguinous temperament, and presenting the pathognomonic trinity of symptoms well developed. She could ascribe no exciting cause, nor definite date as the beginning of the disease, but stated that it came on gradually and was of more than a year's standing. She had undergone the usual local and systemic treatment with no perceptible benefit. I began the usual course of cardiac sedatives tonics, local applications and galvanism, with the result of an abatement of the general symptoms. She increased in weight and strength, had fewer attacks of palpitation, slept well and attended to arduous household duties.

But after the persistent use of the battery for two months with no permanent improvement of the local symptoms, she drifted from my hands and abandoned all treatment, except the local use of Iodine. After the lapse of four months she still retains the goitre, and exophthalmos and has occasional attacks of palpitation, though less frequent and severe than formally. Her general health and strength remains fairly good, and

this improvement she, with some show of justice, attributes to the use of the battery.

CASE No. 5.—Was a young woman of 28 years, who, after some particularly alarming symptoms, during a prolonged attack of spinal irritation, noticed a distressing aching in the throat, sharp pains and fullness in the orbits, and the following day enlargement of the thyroid. This case, in addition to the local symptoms of Grave's disease, presented the usual protean category of symptoms belonging to spinal irritability.

The aching in the throat and pain in the orbits came on in paroxysms, and at such times the Thyroid would become distended and pulsate like a large aneurism. The pulse rate would mount to 140 or even to 160. The eyeballs would protrude till the lids seemed scarcely large enough to cover them. The treatment adopted was the use of appropriate remedies for the spinal condition, including galvanism along the spinal column, and over the Thyroid and eyes. In a few weeks the gland had receded to normal size, and never again increased. The temporary exophthalmos, pain in the orbits and palpitation held out much longer, and faded out slowly and almost imperceptibly, pari-passu with the amelioration of the symptoms dependent upon the spinal disease.

One other interesting case I had hoped to report on this occasion, in the person of a lady of 52 years, who had not passed her climacteric till a year or two ago, and who presented all the pathognomonic symptoms of this disease of two months standing when she fell into my hands.

In her, the left lobe of the Thyroid was greatly enlarged and hardened, the right lobe softer and fluctuating. The exophthalmos was not at all prominent, though the fullness and aching in the orbits were complained of.

The paroxysms of palpitation were frequent and distressing. The ordinary pulse rate was 118. She, too, had undergone the ordinary treatment for this disease with no abatement of symptoms.

I have now pursued my treatment for nearly four weeks. The pulse rate is reduced to 84, though there still occasional exacerbations. The pulsations are also more regular and less forceful. The slight exophthalmos is not even subjectively apparent. The right lobe of the Thyroid is reduced to normal, and the left hardened mass, reduced at least one-half in size. Sleep, appetite and strength have improved, though any

great exertion during the day is attended with nervousness and wakefulness at night. The final outcome in this case is still *sub judice*, but the promises are flattering.

A few words in regard to the mode of application of the battery. The number of cells to be used should not be based on any arbitrary theory, as to the intensity of the current, but should be proportioned to the patient's susceptibility.

I have used from six to eighteen cells, or in each case as strong a current as the patient could endure without serious discomfort.

Bartholow directs the positive pole to be placed beneath the ear. Hammond, to the nape of the neck. The negative in either case is to be placed over the epigastrium, or stroked over the course of the pneumogastric or sympathetic. The nutrition of one or the other of these nerves is supposed to be affected in this disease, and with the battery thus applied we cannot act on the one without at the same time influencing the other.

DIPHTHERIA.

BY J. M. SHERMAN, M. D., PATON, IOWA.

Diphtheria is one among the oldest diseases in medical history, and as little understood. We have no evidence where or when it originated, but have good evidence of its existence away back in the days of the Egyptians, still, it was not fully described and classified until 1826. We have had two late general epidemics, one in France, 1855-7, passing to England in the latter year. One in the United States, beginning in California in 1856, and in the Eastern States a little later, gradually increasing in prevalence until 1860, but appearing in some part of the United States every year, with great local fatality. There is no age exempt, though the vast majority of cases occur during childhood. The symptoms are so well known that it is not necessary to enumerate them. The most common sequela is that of paralysis. Greatest peculiarity is the deposit on the mucous membrane of the fauces and throat. Accidental inflammatory or pseudomembranous formations should have no place in the pathology of the above disease. The diagnosis is generally

easy, although your neighbor will sometimes doubt your diagnosis, if your patient gets well.

Prognosis in the simple form is generally good. The croupal form decidedly fatal, in fact, I doubt if a case ever recovered from this form, where the exudate extended from above downward. I think I have seen one or two recover where the exudate formed first in the glottis. The Malignant, is very fatal, at times sweeping away an entire family of children. I believe the true cause of this disease is more obscure than that of any other with which we have to deal. In fact, nothing but theory has been advanced so far. Is diphtheria transmitted by contagion? I am satisfied that its transmission by contagion is vastly overrated by many. If it is contagion, why is it that we have a well marked case in one member of a family and none of the others affected with it. Still, it is well enough to use due care, to avoid censure from public opinion. I believe diphtheria is either epidemic or endemic. There is a possibility of its being transmitted from one to another by direct contact, if the system is in a proper condition to receive it. Having to treat a constitutional disease, and one that runs its course so rapidly, our course of treatment must be of the most sustaining character. Nothing like depletion should be thought of. Strong cathartics I would not use. Local applications, where they cause much worry to the patient, should be avoided. Caustics are of but little value in older patients, and in children they are of decided harm, from the fact that they cannot be properly applied. There are yet strong advocates of the mercurial treatment advocating Calomel in decided doses. I prefer the Chlorate of Potassium and Tr. Chlorate of Iron in proper solution, alternated with quinine and stimulants, for internal use. I use carbolic acid and glycerine, frequently applied with a mop to the affected patches of mucous membrane in the throat. The same solution diluted further may be used to syringe the nasal passages, but where the patient is old enough to practice it, I prefer to have the liquid drawn through the nose, or snuffed, as the effort necessary to draw the solution through the nostril will dislodge any exudate that may be loosened, while that from the syringe will often pass over it without disturbing. The lime treatment is perhaps as good as any in the croupal form, but keep up the stimulants and iron. Tracheotomy is useless in this form of Croup. The sequela should be treated with general tonics.

RESPONSE TO THE TOAST "WOMAN."

BY J. R. GORRELL, M. D., NEWTON, IOWA.

[Read before the Jasper County Medical Society, January 18, 1887.]

A response to the toast, "Woman," is wide in its range, permitting a discussion of all those forces which have and are likely to continue to profoundly affect the social, political, intellectual and moral condition of the human race from the creation of Eve to the present time.

In discussing this subject I do not intend to gush; "I don't have to," for it is a recognized fact that in all the higher qualities she is superior to man and that whatever does not show the impress of woman's hand, heart or soul will soon exhibit indications of atrophy, therefore no eulogy from me is necessary—facts are enough.

The women of whom I wish to speak to-night are not of the phenomenal or abnormal class to which Zenobia, Joan of Arc, Elizabeth, Semiramis, and Matilda Fletcher belong; but of the mothers and daughters of the present, including the ladies of Newton, whose presence at the late meetings of the Jasper County Medical Society has contributed to its character as a society.

In attempting to solve the abstruse and metaphysical problem connected with woman's place, rights, duties, responsibilities, and her influence we are confronted at the threshold with an equation having in it more unknown quantities than did Leverrier's celebrated equation that resulted in the discovery of the planet Neptune.

Difficult though the problem may seem, it is not insolvable; and if we begin our solution based upon axiomatic premises, our reasoning logical, our generalizations are sure to be just.

It will not be denied by anyone that nature's grand idea in the evolution of woman was wifehood and motherhood. Here is the key to the millennium. It is the highest, noblest and most sacred relationship in life. It is the nearest possible approximation to a perfect harmony between the organism and its environment, and must produce the greatest possible happiness attainable, with the least misery.

I believe the mind of woman to be radically different in quality from the mind of man; it is a gem of finer material, admitting of a higher

polish. She has a quicker and higher perception of the beautiful; a keener discrimination of ethics; she sometimes lives in Alpine heights where man never goes; in her smile and in her touch there is a power greater than in the sword. The characteristics of her mind are love, charity, sweetness, and the highest possible standard of right, all having their root in the affections; in man the mental characteristics are massiveness and strength, having their root largely in the reasoning faculties, often tortured into deformity by passion and prejudice, sometimes a necessary result of the "struggle for existence."

If it be true that a satisfactory success can only be attained in the direction of our natural aptitudes, and no person acquainted with history believes to the contrary; that if, for example, a father observing in a son a precocious aptitude for mathematics, and was to coerce him to give his life to the languages, would thereby merit the severe criticism and condemnation of all; and such a course would necessarily produce more misery and less happiness than would have resulted under other circumstances. Such a defiance of aptitudes would have robbed the world of the "Principea," the greatest book ever written by man; in astronomy, of the labors of Copernicus, Galileo, Tyche, Brahe, Kepler and the Herschels; chemistry, of the results accomplished by Lavoisier, Davie and Faraday; in mathematics, "Celestial Mechanics" would never have appeared; in mechanics, of Watt and Fulton; in travel and exploration of Marce Polo, Vasco DeGama, Magellan, Drake, Cook and Columbus; in other sciences, of the labors of Humboldt, Cuvier, Leibnitz, Arrago, Van Baar, Gaulton and Charles Darwin; in mental philosophy, of the labors of Hobbs, John Stuart Mill and Alexander Bain; and in the greatest of all generalizations, "The Conservation of Energy," of the labors of Court Rumford, Mayer, Helmholtz, and Father Secchi of Rome; without whose combined labors the world could be moved back a thousand years.

The non-recognition of the original mental differences is likely to be fraught with more disastrous consequences, immediately and remotely, than the non-recognition of aptitudes.

Let me not be misunderstood; we hail with unfeigned delight the highest education of woman; for she holds in her hands the destiny of nations; noble wives make noble husbands, and noble mothers make noble sons. The rapid disappearance of intemperance, believed by those

of *near sight* to be due wholly to legislation, is the legitimate but remote result of the teaching of noble mothers to their sons at home, uncontaminated by contact with the corrupt arena of politics. Even laws are but the written expression of that which was in the hearts of the people before, and was in the hearts and minds of wives and mothers first.

About two months ago I saw and heard a boy of eleven years old, cursed and abused by other boys. His only remark as he walked away was, "Mother says it is not noble to quarrel, swear and fight." May heaven bless such mothers and give us more of them!

The origin of man on earth is shrouded in thick darkness, and on his final destiny there are at most only feeble rays of light, but even if the physical organization through which life is manifested, is returned to the material universe never again to be reorganized, and if all the forces of mind and soul are re-absorbed by the general store of force and never again to exist as an entity, even then there is a deep and abiding sentimentalism in the strongest man, recollections of, and associations with the words "mother," "sweetheart" and "wife" produces an ecstasy of feeling and love for the right, beautiful and good to which all other influences and forces are secondary. He is thereby carried far away to the highest realms of life and thought, to the very border land of the infinite, where only the highest poetic genius lives.

Even the great Napoleon, himself a king among kings, admits that his downfall began the day he lost the benign influence of Josephine; and the grand life of Alexander the Great would shine with an intensified luster did it exhibit more of the refining influence of women.

Cuvier, Leibnitz, Newton, Galileo, Copernicus, the Herschels, John W. Draper, Liebig, Humboldt, Darwin, Martin Luther, Tycho, Brahe, Kepler, and Herbert Spencer, men, who, without bloodshed, have done more to make the world what it is than any other thousand men, were raised by domestic mothers whose influence before and after birth made them what they were.

The eagerness of the American mind to seize upon new things is now apparent in the professional education of women. We had "Woman's Rights," Spiritualism, Prison and Dress reform, Revivalists, Mind Reading, and now comes Female Doctors. Whether they have come to stay

cannot now be determined. Their influence is yet too young to enable anyone to calculate the results. We predict, however, that as woman has always looked to man for protection in hours of pain and danger, that she will continue to do so, after this wave has passed away, without having ship-wrecked society.

If it is true that woman is man's superior in point of purity and goodness—and I believe it is not doubted by anyone—then the conclusion is unavoidable that that superiority is the result of the absence of contaminating influences, for she cannot claim angelic birth, but doubtless made her appearance on the earth in very remote times, in the same manner with man; I believe from a lower order; and if she to-day possessed a radically different mental constitution from man, either as a result of natural selection and survival of the fittest, or from original differences, I care not; for a different mental organization gives aptitudes not to be safely ignored, and speaks loudly for a different life; a life in strict keeping with the differences in the physical and mental organization.

I believe the standard of morals in every county, state or nation, be that high or low, is very largely what woman establishes and maintains in the highest and lowest walks of life. If she smiles at shrewd dishonesty and winks at crime, her restraining influence is gone and the wolf of hell is in the streets. If the young ladies decline to dance in a hall where wine and whisky are kept and drunk, they will have to do it but once; with her foot upon its neck the monster dies instantly. And if they indignantly refuse to attend a picnic when they know that whisky and wine are smuggled beneath the carriage seat, a herculean influence for good is thereby exerted that may last a thousand years; for Grecian influence is even yet apparent in Persia; Alexander crossed the Hellespont 331 years before Christ.

Our first recollections of life are associated with smiles and caresses of a mother, and our most lasting impressions are blended with our early days; a mother's love and a mother's prayers are never forgotten and the last object on which lingering vision may rest, ought to be the tearful eye of wife or daughter, for we believe the grim visage of the monster, death, is not so terrible in the near presence of loved ones.

Mr. Chairman, I don't want to end this response to the toast,

"Woman," without saying that an effort at equilibrium is apparent everywhere, that it pervades all matter and all force. It is seen in the gentle rivulet as it flows onward to the ocean, and in the rushing torrent, in the gentle breeze, in the trade winds and in the incalculable force of the cyclone, and in the ocean's waves as they dash against the rock girt shore, and in the lightning flash. Even granite mountains are being leveled to the plain by the action of winds and rain in obedience to this subtle force, called "Gravity." And I believe that all mental force is derived from and co-related with this omnipresent power, and must share the fate of all else in nature—eternal change without annihilation—which, in all its manifestations, whether in organic or inorganic nature, even in the highest realms of thought ever and always tends to an equilibrium in obedience to the inexorable demands of law.

Therefore let woman continue to occupy her exalted position ; may her intellectual and moral home ever be far up among the Alpine peaks of purity, honor and culture, so that all will exclaim, "*Ecce Mulier!*"

MEDICO-LEGAL.

A MEDICO-LEGAL CASE.

BY A. D. BUNDY, M. D., ST. ANSGAR, IOWA.

At the last term of the district court of Mitchell county, Iowa, Judge Cleland presiding, a case was tried which was very interesting as well as of vital importance to incorporated cities and villages. Suit was brought against the city of Osage, the plaintiff being a woman, in which it was alleged that some two years previously, while traversing one of the sidewalks in the city, one of the boards of the walk, being imperfect, broke, the end of one of the longest pieces striking her in the abdomen. Plaintiff claimed that the injury caused a retroversion of the womb, with consequent inflammation, erosion and ulceration of the cervix, also claiming as a result nervous shock, she having fallen on her hands, extended—in fact, her counsel endeavored to make out a case of spinal concus-

sion as well as injuries to the womb. The latter part of the plea, was, however, soon abandoned as untenable. The medical evidence was very interesting. Evidence of the physicians for plaintiff tried as best they could to maintain their theory. Two metropolitan physicians from Minneapolis, and one local physician testified for plaintiff. Their evidence was not very clear nor pointed, and, under a rigid cross-examination, melted almost into nothingness. The medical testimony for the defense, was by the regular physicians resident of the city. The court had given an order for the examination of the plaintiff by the physicians for the defense, and the denouement was complete when they testified to the existence of an old laceration of the cervix-uteri, with erosion and endo-cervicitis, said condition being sufficient to account for all the aches, pains and physical as well as nervous symptoms existing in the plaintiff. The most rigid cross-examination could not shake such evidence, coming, as it did, from physicians of foremost standing in the county and in the profession. Their position was impregnable and the jury took but a short time to arrive at their verdict—"no cause of action." A physician, if he is well posted, shows at his best on the witness stand. And the members of Mitchell County Medical Society feel proud of their colleagues who acquitted themselves with so much credit and honor on that occasion.

REPORTS OF CLINICS.

REPORT OF SURGICAL CLINIC, MEDICAL DEPARTMENT, STATE UNIVERSITY.

DR. W. F. PECK, PROFESSOR OF SURGERY AND CLINICAL SURGERY. DR. R. W.
HILL, ASSISTANT TO CHAIR OF SURGERY.

SURGICAL CLINIC No. 13, JANUARY 7, 1887.

CASE No. 65.—Miss McC. This patient was before you at our last clinic. She comes to-day for operation. Patient is etherized and we now introduce a probe into the fistula, extending downwards a distance

of about six inches. In this case we will operate by following up the sinus to the intestine, and determine the size of the intestinal opening. If it be a small opening, we will enlarge the wound of entrance sufficiently, take out a section of the intestine and bring together the two portions, securing their apposition by numerous fine silk sutures. You see the silver probe has been blackened, showing that it has come in contact with the intestinal gases. It is reintroduced, an incision four inches in length was made, parallel to Poupart's ligament, and extending through the abdominal wall in the direction of the sinus. It is seen that another sinus communicates with this one, and as it is superficially situated it is laid open. The finger can now reach the intestinal orifice; it is fully three-fourths of an inch wide; it is situated in the ilium, and we find that firm and extensive adhesions have been contracted with the peritoneum. These adhesions are such that the removal of a section of the intestine could not be accomplished without resorting to unwarrantable violence. It is possible that we can secure closure of this orifice by the inflammation of the parts consequent to the operation, and we will therefore, by scarifying the edges of the wound and orifice in the intestine, try and favor the inflammatory process. The wound was tightly packed with two sponges wrapped in old muslin, a pad put over this, and a flannel binder put around her so as to retain the whole in position securely.

January 7th, P. M., pulse, 114; temperature, 99 4-5.

January 8th, A. M., pulse, 85; temperature, 99; P. M., pulse, 93; temperature, 100 2-5.

January 9th, A. M., pulse 76; temperature, 98; P. M., pulse, 86; temperature 99 4-5.

January 10th, A. M., pulse, 76; temperature, 97 3-5; P. M., pulse, 86; temperature, 99 3-5.

January 11th, A. M., pulse, 73; temperature, 98; P. M., pulse, 72; temperature, 100.

January 12th, A. M., pulse, 92; temperature, 99 1-5; P. M., pulse, 90; temperature, 100 2-5.

January 13th, A. M., pulse, 78; temperature, 99; P. M., pulse, 72; temperature, 99.

January 14th, A. M., pulse, 76; temperature, 99; P. M., pulse, 80; temperature 99.

Patient was first dressed on the fifth day after operation. The wound is granulating nicely. The discharge of fecal matter was very profuse the first few days, but has now lessened considerably.

CASE No. 66.—M. C., æt. 51, married, American, female. Two years ago she began to suffer from a tickling sensation in several small growths on either side of her nose. These tumors have been there for years, but have latterly begun to be the seat of an itching and burning sensation. She imagines she is about to have cancer.

The tumors are innocent, of the sebaceous variety. We can assure her there are no symptoms whatever indicating the existence of that dread disease.

CASE No. 67.—H. N., æt. 20, single, farmer, American. Present trouble began six years ago; while hard at work he strained himself, and immediately suffered from an intense pain in the left side, of such severity as to cause fainting. When he recovered consciousness the pain had left him, but returned in two days. It was then discovered that he suffered from an inguinal hernia on left side, and for the treatment of this he presents himself. The hernia is a reducible one. A truss should be so applied as to prevent the protrusion of the viscus, and this should be worn always, only taking it off after having lain down in bed at night, to be re-applied before rising.

Truss was applied.

CASE No. 68.—R. L., æt. 3, American, male. He has hare lip, and a cleft of the soft palate and uvula. We will operate on the lip to-day, and leave the soft palate until he shall have become older.

The edges of the lip were trimmed, its attachment to superior maxilla dissected up, and the two portions of the lip brought in apposition, so as to bring integument in contact with integument, and mucous membrane with mucous membrane. This is retained by two silver hare lip pins and figure of eight sutures, and two superficial silk sutures.

January 14th, removed the pins and sutures on the sixth day, and have got excellent result. The union is very good and the lip is a very decided improvement. In a year the scar will not be noticeable.

CASE No. 69.—J. H., æt. 24, American, single, male, farmer. His left foot was injured last February by the kick of a colt. Originally there must have been considerable contusion, followed by an inflammation

which has now become chronic, and which involves the tarso metatarsal articulations. There is considerable swelling on the dorsum of the foot over the first three metatarsal bones, and a tendency to formation of abcess and necrosis of these bones. There is also softening of the epiphysis of first metatarsal bone. It is a serious case and may ultimately require an operation.

He should make arrangements to enter the hospital, in order that he may receive the proper care and attention. The treatment indicated would be such as would assure rest to the joints involved.

CASE No. 70.—J. S. O'B., æt. 50, Irish, widower, railroad man. This gentleman presented himself at the hospital during the holidays, and he has now been under treatment for two weeks. His history, as given when he entered the hospital, was that two years ago both of his legs began to ulcerate, and that this condition became progressive. When he presented himself he had varicose veins, varicose ulcers, and an eczema. Balsam of Peru was applied to the ulcers, cotton stockings put on, and over this were applied rubber bandages. This dressing was repeated daily, the legs being washed in a solution of carbonate of soda before the dressing and bandages were re-applied. The ulcers have healed, the eczema has disappeared, and he can go home. But he will have to apply a rubber bandage or wear an elastic stocking the rest of his life, in order to give to the weakened veins a support.

SOCIETY REPORTS.

JASPER COUNTY MEDICAL SOCIETY.

The Jasper County Medical Society met in the Court House, Newton, Iowa, in regular session, on Tuesday, January 18. The president, H. E. Hunter, M. D., of Newton, in the chair. The members present were, Engle, Gorrell, Failor, Robbins and Pifer, of Newton, Eschbach and Hendershott, of Monroe; Miller and Turner, of Colfax; Pipino, of Des Moines and Moore of Prairie City. Professor Crawford of Des Moines, and Dr. Lewis of Grinnell, were present as visitors, and were

invited to full participation in all discussions. The time of the Society was fully occupied during the afternoon in the presentation of new instruments and examination of clinical cases and verbal reports of cases. Dr. Crawford, of Des Moines, exhibited a club-foot shoe—a modification of the Sayre and other shoes—also a knee-joint appliance by which he utilizes the elastic tension principle of treatment, instead of the rigid extension by screw and ratchet. Also, a combined splint and elastic extension apparatus for extension of wrist joint. Also an appliance to correct deformity and supply artificial muscular power to conditions of paralysis of extensors of forearm. These various appliances as modified by the doctor, would seem, considered theoretically, to meet exactly the indications. They certainly convinced everyone who heard him that his inventive talent would be sufficient to help him out of most surgical difficulties.

Dr. Pipino exhibited a new oro-nasal respirator for anti-septic medication. It is intended to be constantly worn over the mouth and nose, and the patient will constantly inspire medicated air.

He also exhibited and explained the manner of using a new Periometer for correcting errors of refraction without Atropia. Also a Handball atomizer to be used in the treatment of diseases of air passages, etc. Dr. Pipino also gave the history of a case in which the patient accidentally swallowed her upper set of teeth, they lodged in the œsophagus, and, not being able to extract them, they were pushed into the stomach. Six days later they were passed *pro via naturalis*. Interest in this case centered in the fact that through the heat of body combined possibly with some chemical action of the secretions, and the action of the muscles of the intestines, the form of the vulcanized rubber plate was altered as to cause it to pass readily. The plate was rolled up or bent until it was almost round the teeth, which, when swallowed, projected, were doubled up under the arch that fitted to the roof of the mouth. He also gave the history and treatment of a case of disease of mastoid bone, detailing operation for removal of a necrosed portion of mastoid. Dr. Hunter presented a truss for treatment of inguinal or scrotal hernia. This truss was made by John Fales, of Newton, and is like any common spring truss, except that there is attached to it an additional spring which secures constant and uniform pressure of the lower edge of the

pad, so that the gut cannot come down under or below the pad. The doctor gave the history of several cases in which every truss previously worn had failed to hold the rupture and in which the Fales truss was a success. Any surgeon who sees this truss will recognize at once that it must hold. Dr. Miller, of Colfax, proposed a series of resolutions on the "Iowa Medical Law." The doctor treated the subject facetiously and after a humorous discussion the resolutions were withdrawn.

During the two hours of the evening session the time was fully occupied by Drs. Eschbach, Hendershott and Moore.

Dr. Eschbach read a paper on the use of the galvanic current in the treatment of Goitre, the doctor gave the history of six cases that were successfully treated by him, in all of which there was marked improvement after the application of electricity.

Dr. Hendershott's paper on "The Nourishment and Treatment of Children in Certain Forms of Diarrhœa," was a carefully prepared paper and gave his views as to treatment of Cholera Infantum, Inflammatory and Non-inflammatory Diarrhœa and Dysentery. The last paper of the evening was by I. H. Moore, M. D., of Prairie City, his subject, "The relations between the physician and the public, with especial reference to medical culture and quackery," was thoroughly handled and gave general satisfaction, as was attested by the close attention of the large audience that had assembled in the court room. One of the most encouraging features of the meetings of the society is the evident increase of interest on the part of those outside of the profession, as is manifested by their presence and close attention to the proceedings.

After the close of the public exercises at the Court House, the physicians, with their families and invited guests proceeded to the Johnson House, where a magnificent collation had been prepared. Although the hour was late (10 P. M.) about sixty persons surrounded the board and for one hour the large dining hall resounded with the clatter of knives and forks, and the hearty cheerful voices of the guests. At eleven P. M. Dr. Hunter, the President of the Society, in a few fitting words introduced Dr. H. J. Crawford, of Des Moines, as toast master, who would conduct the further proceedings of the evening. The readiness with which Dr. Crawford responded, and the happy manner in which he introduces the gentlemen responding to the toasts showed him to be well

equipped to take part in post prandial exercises and his efforts well calculated to bring out the humorous side of human nature.

Dr. Hunter responded to the toast, "Systems of Medicine."

Dr. I. H. Moore to the toast, "How for a Doctor to Succeed."

Dr. J. R. Gorrell to the toast, "Woman."

Reply to Gorrell, Mrs. I. B. Carns.

Dr. L. C. S. Turner to the toast, "Human Guy Ropes."

Dr. Perry Engle, "Physicians and Their Critics."

It would seem invidious to speak of any one of the replies to these toasts, as they were all bright and full of thought, whether pathetic, serious or humorous, and everything passed to the satisfaction of all present. This concluded the regular programme for the evening when Dr. Failor was called upon to reply to the toast, "Our Visitors." He replied in a few words, thanking them for their presence and the interest they had taken in the work of the society, requested them not only to come again but to tell their brethren everywhere what good meetings the Jasper County Medical Society had. Dr. Pipino replied for the visitors acknowledging the pleasure they had enjoyed, not only at the banquet but at the business session of the society and promised to come again.

The society then with their guests returned to the parlors and after a short time spent in general congratulations, each one wended their way home, with a feeling that these bright spots in the busy life of the physicians do not come as often as they should.

The next regular meeting of the society will be held in Newton, on the third Tuesday in April, being the 19th day of the month.

The annual meeting for the election of officers will be held on the 19th day of July. It is the present design and expectation that this meeting will be held at Colfax and that there will be a banquet on that occasion, when a large attendance is looked for. Physicians outside of Jasper County, who desire membership in the Society must present their names at a regular meeting, and should the report of censors be favorable, they will be admitted to full membership at the next meeting by majority vote and payment fee of one dollar.

B. M. FAILOR, Secretary.

SHELBY COUNTY MEDICAL SOCIETY.

An adjourned meeting of the Shelby County Medical Society was held at the office of Dr. J. C. Dunlavy, in Harlan, January 13, '87.

Dr. S. H. Watters, President *pro tem*.

Dr. J. C. Dunlavy, Secretary *pro tem*.

The object of the meeting being to perfect a permanent organization. A Constitution and By-laws governing the Society were adopted and permanent officers for the ensuing year elected as follows:

President—Dr. E. A. Cobb.

Vice-President—N. J. Jones.

Secretary—J. C. Dunlavy.

Treasurer—E. J. Smith.

Censors—Dr. E. B. Moore, Dr. Jno. Smiley, Dr. A. E. Gregg.

Various matters of importance to the medical profession were discussed and the physicians of the Shelby County Medical Society are determined to see that the State law (of Iowa) governing the practice of Medicine shall have the hearty co-operation of the Society. The requirements for admission to membership are a good moral character and a certificate of Diploma from some accredited regular Medical college, certified to by the State Board of Medical Examiners. After some other business of minor importance, the following named physicians were reported by the Censors and their admission advised.

E. A. Cobb, M. D., Harlan, Iowa; J. H. Waite, M. D., Harlan, Iowa; S. H. Watters, M. D., Earling, Iowa; A. E. Gregg, M. D., Panama, Iowa; E. B. Moore, M. D., Harlan, Iowa; E. J. Smith, M. D., Harlan, Iowa; C. Teske, M. D., Portsmouth, Iowa; Wm. S. Branson, M. D., Irwin, Iowa; Jno. Smiley, M. D., Shelby, Iowa; N. J. Jones, M. D., Shelby, Iowa; J. C. Dunlavy, M. D., Harlan, Iowa.

The next meeting will be held in Harlan on the last Thursday of March, when the following papers will be read.

“Medical Societies, their Necessities and Benefits,” by Dr. E. A. Cobb.

“Pauper Practice Considered from a Professional Standpoint,” by Dr. J. C. Dunlavy.

Dr. L. Redmon, of Des Moines, who was present, was made a member

by invitation and responded to the action of the Society with some appropriate remarks, which were most cordially received by all present.

Wishing to be able to send you something of importance in the future I remain,

Respectfully and fraternally yours,

J. C. DUNLAVY, M. D., Secretary.

SELECTIONS.

A REPORT OF A CASE OF HYSTERIC TRANCE.

BY C. F. DARNALL, M. D., WEST UNION, IOWA.

Mrs. H. A. H., aged 31, came under the writer's care in September, 1884. She had been married fifteen years, and had given birth to nine children, the youngest being at that time sixteen months old. The patient was a farmer's wife, a household drudge, small and poorly developed, of a phthisical family, nervous temperament, and of ordinary mental capacity. For years she had been afflicted with cough and expectoration and a gradual failure of physical forces. A sudden and severe cold caused a pleurisy, which was the occasion for calling medical assistance. After an illness of a few days and a complication of ailments she convalesced, but an irritable stomach and aggravating cough remained. In the fourth week she was able to be out of bed a short time during each day, when the climax came in the shape of a quarrel with her husband. She had menstruated a few days before, and at this time was seized with an acute pain in the left ovarian region. A few hours after, when conversing about her marital troubles, she suddenly went into a trance. The first thing noticed was a vacant stare and a catching of the breath, a throwing out of the arms at right angles to the body, her legs extended and head thrown back, and then she became unconscious. Her limbs were stiff and resisted all attempts to unbend; the face was pallid, eyelids tightly closed and closing again if forced open; eyes turned upward and moving when touched; pupils slightly dilated and slowly responding to the light. The respiration was shallow and irregular, seven to nine per

minute; pulse 78 to 90, soft and weak; flatness on percussion, sibilant and subcrepitant *rales*. Superficial temperature was decreased, generally 98° in the axilla; sometimes normal, and rarely 99° or 100° , which was the case when the attack was brought on by any high nervous excitement. Liquid food was slowly swallowed, often being retained for quite a while before causing sufficient irritation to relax the pharyngeal muscles. These variations embrace the symptoms of many attacks she had subsequently. For the first week or so they would come on at eight or half past in the morning and at six in the afternoon, and lasting from one to three hours. The aura would be pain in the stomach, shifting to the left ovary, a slight chill, then the trance. After the initial rigidity passed away, in half an hour or so, she would still be stiff, but the limbs could be moved, the other conditions being the same as at the beginning. Muscular relaxation would all at once take place and she would waken with a start. She seemed then to not understand what had happened; would be restless and change her position in bed; would not speak, but motion for her limbs to be rubbed, for a drink of water, or some such thing. Then she would fall into a natural, deep sleep, lasting from a few moments to a half hour, from which she would awaken with a clear mind, complaining of a general feeling of soreness and fatigue. In the sixth week family matters reached a crisis, her husband leaving her, but returning occasionally to talk over the division of the property. At this time her attacks lost all periodicity, coming oftener and any time, with less force and of shorter length. If she happened to be sitting in a chair when overcome, she would retain the erect position. For a time there was each day a series of them, each one shorter and weaker than the one preceding, with a period of sleep intervening, appearing as if her nervous force had assumed a tangible form, wave succeeding wave until lost in quietude again.

Her friends then unadvisedly called in a minister to look after her spiritual necessities, and at the next trance, a little while after, a surprising change took place. Coming in between the stage of lethargic rigidity and the sleep was an apparently lucid interval, during which she would sit up in bed. The eyes were opened wide, filled with a far-away supernatural look, and her expression of countenance was that of one engaged in delightful, dreamy contemplation. It seemed as if another

spirit had taken momentary possession of her body, revealing entirely different views and impulses from those which she exhibited when surrounded by ordinary every-day environments. Before, her life had not been governed by religious motives, but now the whole bent of her mind was directed in elevated and exalted channels. Without the statuesque appearance of ecstasy, or the waxen mobility of catalepsy, she assumed a devotional attitude, lasting only a moment. At the visit of the minister a hymn book was left on the bed, and after she emerged from the trance state she made search for it and opened it, when through with the supposed prayer. She turned over leaf by leaf until she found an old familiar hymn known to her in bygone days. The words were unaccompanied by notes, yet she correctly carried the tune through and would sing one or two more. This was done several times a day and for about a week. Her voice was clear and sweet, vibrating in the most touching way. If the key was pitched too high or too low, she would begin again until she was right. If she mispronounced a word or sounded a wrong note, the word or note would be correctly repeated. If any one were to purposely place the book upside down or turn over too many leaves, she would right the book and proceed to the finish without being disconcerted. All this time she appeared awake, her eyes wide open, pupils dilated, deeply intent upon what she was doing and taking no note whatever of her friends or surroundings. This would last a short time, when she would close the book and sleep, awakening perfectly rational; the wandering spirit had departed its host, her own had returned, and she was herself again. No knowledge existed of what had transpired from the moment she entered the trance nor any memory of visions. All was blank and the time consumed was as nothing. Sometimes the book would be hidden or another substituted before she searched for it. If she could not find it she would look at her hands a few moments in a dazed, bewildered manner, shed a few hysterical tears and go to sleep.

Thus ran the case over three months of time, gradually submitting to treatments, as her domestic troubles were amicably adjusted. Nothing was done to shorten or avert the attacks, yet it looked as if Charcot's method of ovarian compression always relieved her, as she would return to rationality whenever it was employed. As to physical condition, there was enlargement of the left ovary and thickening of the left broad liga-

ment; uterus in normal position, enlarged somewhat, with endometritis and granular erosions. Hysteria disappeared when these local troubles were cured, but owing to the complexities of the case and the many discouraging features arising, recovery was necessarily delayed. Menstruation occurred every two or three weeks; and while she was in bed nearly all the time, yet hardly a day passed that she did not take a *secret smoke*, knowing it was forbidden.

Many remedies were tried, but the bromides, tonics and good food were successful. The monthly flow became normal, and for two years now there have been only once hysteric symptoms, and then it was *globus hystericus* in the throat and dyspnœa, controlled by the bromides.

Sufficient space has already been taken without entering into speculation as to the pathology of the case, and our text-books will abundantly supply that.—*Chicago Medical Journal and Examiner*.

OBITUARY.

H. C. HUNTSMAN, M. D., OSKALOOSA.

BY WOODS HUTCHINSON, M. D., DES MOINES, IOWA.

The sad news of the death of Dr. H. C. Huntsman, at his home in Oskaloosa, the 14th of last month, was not only a grief but a painful surprise to all his friends. But few knew of his illness and even they did not regard it as serious. He had been ailing for nearly a month but was believed to be recovering. The cause of his death was the sudden failure of the respiratory centers which was so sudden that his wife, who had left him but a moment before to attend to some of her household duties, returned barely in time to see him breathe his last. His attendant physician, Dr. Wilkins, states that he had experienced a series of attacks of partial failure of the respiratory centers of increasing severity, for the past ten months. His family and his friends regarded these attacks as "chills." His death casts a gloom over the entire community in which

he lived and a sadness over the state among his friends who had known and honored him in the sphere of his professional life.

Dr. Huntsman was the sole surviving member of the first class which graduated from the medical department of Michigan University, at Ann Arbor, and was one of the earliest members of the regular profession to locate in central Iowa, a pioneer of regular medicine in the west.

BIOGRAPHICAL.

"Henry Clay Huntsman was born September 16, 1825, near Dayton, Ohio. His father, Howell Huntsman, was born in New Jersey, March 4, 1801, and died at La Porte, Indiana, February 4, 1885. Emigrating to Ohio, when a young man, he became one of the pioneers in the region where the city of Dayton has since been built. He there met and afterward, on the 6th of June, 1824, married Miss Sarah Reagan. She died October 13, 1831. Of this marriage there were four children, the first being the subject of this sketch. The family moved to Elkhart county, Indiana, in 1830.

"On his removal to Indiana Howell Huntsman engaged in farming, but afterwards became one of the owners of the original site of the city of Elkhart, which he laid off in connection with Dr. Beardsley.

"In 1836 Mr. Huntsman moved to La Porte county, Indiana, locating on a farm, and in 1854 to La Porte, the county seat of La Porte county. He was a Whig in politics and an ardent admirer of Henry Clay, for whom he named his first born son.

"His first son, H. C., passed his early years upon a farm and procured the rudiments of an English education in the pioneer schools. At the age of sixteen years, his health failing, he was advised to go upon the lakes for a time. He therefore secured the position of cook on a vessel and spent two summers on the lake between Chicago and Buffalo, N. Y., teaching school during the intervening winter at Racine, Wisconsin. Returning home, he there applied himself most studiously to his books until as a student of medicine he entered the office of Doctors Meeker & Higday, both of whom were connected with the Indiana Medical College at La Porte. He afterwards attended this college two years and then spent one year at the University of Michigan at Ann Arbor, from which institution he graduated in 1851. He at once came to Iowa and located in

Polk county, where he engaged in the practice of medicine and met with fine success. In 1855 he moved to Pella, Marion county, where he met and afterward, on September 30, 1856, married Miss F. Matilda Fulton, of Muskingum county, Ohio. Of this marriage two sons and three daughters were born, all of whom are still living. They are L. Fulton, Ida E., Hattie M., John A. and M. Gail Hamilton.

(Concluded in next issue.)

DECISION OF CHIEF JUSTICE ELLIOTT ON MEDICAL LEGISLATION.

THE STATE OF INDIANA.

IN THE SUPREME COURT, NOVEMBER TERM, 1886.

On the 25th day of January, 1887, being the Fifty-sixth Judicial day of said November Term, 1886.

IN THE CASE OF ALBERT EASTMAN,	} Appeal from Steuben Circuit Court.
v.	
THE STATE OF INDIANA.	

Came the parties by their attorneys, and the Court, being sufficiently advised in the premises, gave the following opinion and judgment, pronounced by Elliott, C. J.

The appellant challenges the validity of the act regulating the practice of medicine and surgery, and on this challenge arises the principal question in the case.

The police power of a State is very broad and comprehensive. It has been variously defined by the courts and text writers. "It is," said one of the courts, "that inherent and plenary power in the State which enables it to prohibit all things hurtful to the comfort and welfare of society." *Lakeview v. Rose Hill Cemetery*, 70 Ill., 92. "All laws," says another court, "for the protection of lives, limbs, health and quiet of the person, and for the security of all property within the State, fall within this general power of government." *State v. Noyes*, 47 Me., 189.

In *Thorpe v. Rutland*, etc., 27 Vt., 149, it was held, that, "under the general police power of the State, persons and property are subject to all

kinds of restraints and burdens, in order to secure the general comfort, health and prosperity of the State, of the perfect right of the State to do which, no question ever was, or, upon acknowledged general principles, ever can be made so far as natural persons are concerned."

In speaking of this power, it was said by this Court in *Hocket v. State*, 105 Ind., 25; S. C., 55 Am. Rep., 201; that "it extends to the protection of lives, limbs, health, comfort and convenience, as well as the property, of all persons within the State. It authorizes the Legislature to prescribe the mode and manner in which every one may so use his own as not to injure another, and to whatever is necessary to promote the public welfare, not inconsistent with its organic law."

The views expressed in the these cases are well supported by authority. *Western Union Tel. Co. v. Pendleton*, 95 Ind., 12; S. C., 48 Am. Rep., 692; *Cooley's Const. Lim.*, 572; *Barker v. Connelly*, 113 U. S., 27; *Soon Hing v. Crowley*, Id., 703; *Live Stock Association v. Crescent City*, 1 Abbot Sup. Ct. Rep., 388; *Slaughter House Cases*, 16 Wall., 36.

The practice of medicine and surgery is a vocation that very nearly concerns the comfort, health and life of every person in the land. Physicians and surgeons have committed to their care the most important interests, and it is an almost imperious necessity that only persons possessing skill and knowledge should be permitted to practice medicine and surgery. For centuries the law has required physicians to possess and exercise skill and learning, for it has mulcted in damages those who pretend to be physicians and surgeons, but have neither learning nor skill.

It is therefore no new principle of law that is asserted by our statute, but if it were, it would not condemn the statute, for the statute is an exercise of police power inherent in the State. It is, no one can doubt, of high importance to the community that health, limb and life should not be left to the treatment of ignorant pretenders and charlatans.

It is within the power of the Legislature to enact such laws as will protect the people from ignorant pretenders, and secure them the services of reputable, skilled and learned men, although it is not within the power of the Legislature to discriminate in favor of any particular school of medicine.

When intelligent and educated men differ in their theories, the Legislature has no power to condemn the one or approve the other, but it may

require learning and skill in the school of medicine which the physician professes to practice. *White v. Carroll*, 42 N. Y.; 161.

The rule requiring physicians to possess learning and skill is a very ancient one. *Bonham's Case*, 8 Coke Rep., 107; *College of Physicians v. Lovett*, 1 La Rahm, 472. This rule of the common law has been incorporated in many of the State statutes, and these statutes have always been upheld. The statute of Minnesota is very similar to ours, and it was held to be valid in *State v. State Medical Association*, 32 Minn., 324, the Court saying: "In the profession of medicine as in that of the law, so great is the necessity for special qualification, and so injurious the consequences that are likely to result from it, that the power of the Legislature to prescribe such reasonable conditions as are calculated to exclude from the profession those who are unfitted to discharge its duties cannot be doubted."

Speaking of a statute like ours, another Courts says: "We are of opinion that all of the provisions of the act under consideration, and independent of any constitutional warrant for its enactment, would be maintainable under the police powers of the State; that under this general power the Legislature is the proper judge as to what regulations are demanded in dealing with property and restraining the actions of individuals." *Logan v. State*, 5 Tex. Appeal, 306.

The subject was examined in all its important phases in *Ex parte Finney*, 19 Nev., 323, and the statute declared valid.

A like result was reached by the Court in *Hewett v. Carrier*, 16 Pick., 353.

A full discussion of the question will be found in *Fox v. Washington Territory*, 75 West. Court Rep., 339, where a similar result was reached. Judge Cooley strongly and unequivocally affirms the validity of statutes like ours. Cooley on Torts, 289-290. The question received a very careful consideration in *State v. Dent*, 25 W. Va., 1, and it was held that the statute was valid in every part.

For more than eighty years a similar statute has been in force in New York, and the courts of that State have uniformly regarded it as valid. *Sheldon v. Clark*, 1 Johns., 513; *Alcott v. Barber*, 1 Wend., 526; *Turner v. Morrison*, 14 Johns., 369; *Thompson v. Stoots*, 15 Wend., 395; *Barley v. Bogg*, 4 Denn., 60; *Finch v. Gudley*, 25 Wend., 469. In very many

other cases such statutes have been enforced. *Autle v. State*, 6 Tex. App., 202; *Musher v. Chase*, 29 Ohio St., 577; *West v. Clutter*, 37 Ohio, 347; *Bibber v. Simpson*, 59 Me., 181; *Thompson v. Hazen*, 25 Me., 104; *State v. Gregory*, 83 Mo., 123; S. C., 53 Am. Rep., 535.

The appellant is right in asserting that the departments of government are separate and distinct and that a clerk of a county can not exercise judicial powers. *Smith v. Myers* (this term) and cases cited. But he is wrong in affirming that the act under examination confers upon the clerk judicial powers.

The power to accept or reject an application for license under the statute is not a judicial one, although it may involve some exercise of discretion. *Elmore v. Overton*, 104 Ind., 548; *Cooley on Torts*, 411. If an exercise of discretion constituted a clerk a judicial officer, then he would be such in every case in which he issued a writ, files a paper or approves a bond, for all these acts involve some exercise of discretionary power. The statute does not require the clerk to sit in judgment upon the sufficiency of the application for a license, for the affidavits prescribed and the diploma required constitute the evidence upon which the clerk must act. The diploma and affidavits compel him to grant the license, and it is therefore not possible to regard his duty as a judicial one. *Flonny v. City*, 17 Ind., 169; *Betts v. Denon*, 3 Conn., 107; *State ex rel. v. Doyle*, 40 Wis., 188.

Whether the statute is a wise one or not is purely a legislative question, and so is the question whether it is reasonable or unreasonable. This doctrine was thus expressed in *Hendricks v. State*, 101 Ind., 564: "Whether a statute is or is not a reasonable one, is a legislative and not a judicial question. Whether a statute does or does not unjustly deprive the citizen of natural rights is a question for the Legislature, and not the courts. There is no certain standard for determining what are or are not the natural rights of the citizen. The Legislature is just as capable of determining the question as the courts. Men's opinions as to what constitute natural rights greatly differ and if courts should assume the function of revising the acts of the Legislature on the ground that they invaded natural rights, a conflict would arise, which could never end, for there is no standard by which the question could be finally determined." Judge Cooley says: "Nor can a court declare a statute uncon-

stitutional and void solely on the ground of unjust and oppressive provisions or because it is supposed to violate the natural, social or political rights of the citizen, unless it can be shown that such injustice is prohibited or such rights guaranteed or protected by the constitution." Cooley Const. Lim. (5th ed), 197. At another place this author says: "The judiciary can only arrest the execution of a statute when it conflicts with the constitution. It can not run a race of opinions upon points of right, reason and expediency with the law-making power." *Ibid*, 201.

The offense is charged in the language of the statute, and this is sufficient. *State v. Miller*, 98 Ind., 70, and cases cited; *Gratter v. State*, 105 Ind., 272; *Autle v. State*, 6 Texas App., 202.

In discussing the evidence counsel assert that as the terms of the statute are broad and sweeping, courts must create exceptions in order to give it a just and reasonable effect. There are perhaps extreme cases when exceptions may be created by the courts, but these cases are very rare, and the authority to create exceptions is one to be exercised with great delicacy. It can never be exercised where the words of the statute are free from ambiguity and its purpose plain. It is only where the necessity is imperious and when absurd and manifestly unjust consequences would otherwise result, that the courts can create exceptions. This is not such a case. It is the purpose of the statute to prevent persons who do not possess the necessary qualifications to practice medicine or surgery from inflicting injury upon the citizens by undertaking to treat diseases, wounds and injuries. It is the plain intention of the statute to keep out of the professions of medicine and surgery all who do not possess learning and skill sufficient to enable them to properly discharge the duties incumbent upon members of those honorable professions, and courts have no right to create an exception which will defeat that intention. It is immaterial whether the person who undertakes to treat diseases or wounds does it for hire or not, for unless he is qualified as the statute requires, he must not undertake the treatment of diseases or wounds at all. The courts can not divide professional persons into classes and assert that one class is within the law, and the other not, for the law applies to all who assume the responsible duty of treating the sick, wounded or injured citizens, as well as those who expect compensation for their services as those who do not. The great object of the law is to al-

low none but skilled and learned persons to attempt to exercise functions and duties which require knowledge and skill, and it is not material whether reward is paid or promised, or the services are rendered without compensation or the promise of it.

The State has an interest in the life and health of all its citizens, and the law under examination was framed, not to bestow favors upon a particular profession, but to discharge one of the highest duties of a State, that of protecting its citizens from injury and harm.

It has been for ages a ruling principle of jurisprudence, "that regard be had for the public welfare is the highest law," and that principle is here of controlling force, for few things, if indeed any, are more important than that the health, limbs and lives of the citizens should not be intrusted to the care of persons who lack the knowledge and skill requisite to enable them to render proper medical and surgical treatment to the citizens afflicted by disease, wounds or injuries.

Judgment affirmed.

EDITORIAL.

MALPRACTICE.

In our state news, we have reports from two important decisions, both suits for shortening in malformation after oblique fracture of the femur. In both cases, there was deformity. In each case, the social position and educational advantages were such that the plaintiff could be easily persuaded to believe that there had been mal-treatment and that he was entitled to damages. The financial responsibility of one of the plaintiffs is very poor, that of the other is unknown.

In both cases, it was clearly shown by the evidence, that the physicians in attendance were not responsible for the deformity. The contest, in one case, arose from an attempt to evade the payment of an honest indebtedness. In the other, the medical services had been in part paid. The motive in this may have been an honest one. While it is not known, it is supposed that in this case, the attorneys were prosecuting their case

on the "divy plan." If this is true, then we find that in each case there has been an attempt to victimize the physician. In all surgical undertakings good care and attendance are essential, as well as medical skill. It is within the experience of every physician who has practiced medicine a few years, that where he deems his services have been of the most value, considering the difficulties, they have been the least appreciated, and that neglect on the part of the patient, often serves to destroy the good results that were promising at one time, also the proverbial reluctance with which people pay physician's bills, and the customary carelessness with which physicians prosecute their claims have given rise to a feeling of security against the payment of physician's bills. The sharp competition in some localities, has made one physician take the patient from another, knowing that he has maltreated his former physician. This change is repeated until the patient has gone the rounds of all. Every physician who resists and prosecutes to the end whether successful or unsuccessful, the claims to which he is justly entitled, deserves the good will and respect of his brother practitioners. If there is anything that is misconstrued in the code of ethics, it is the making of contracts. It is no more than right that the physician should enter into a contract with his patient, by which he is to receive over the patient's signature a certain compensation *pro rata* for services actually rendered. It is a common thing for friends and neighbors to attempt to out-swear an account. The physicians in these cases have been put to considerable trouble, and no small amount of expense in establishing their innocence and resisting the attempt at spoilation. The REPORTER congratulates them, and advises every physician who feels that he is in the right to follow their example, and in the most vigorous way prosecute their claims for services rendered. A few such examples as these will change the tendency to the evasion of just bills by threats of resistance, and suits for malpractice.

* *

The sketch of the life of the late Dr. W. S. Robertson did not reach us in time for publication. We expect it to appear in our next number.

STATE NEWS.

DIPHTHERIA has been raging in Postville and in McCallsburg. At the first place the reports were greatly exaggerated. There was but one case, and it was not exceptionally bad. It has recovered, and the quarantine has long since been raised. In the latter place, it was quite severe, one family alone having three deaths, with two others sick, who are considered hopeless.

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THE MORTUARY record for Burlington for January shows forty-one deaths, twenty-three of whom were males and eighteen females. Analyzing the cause of death, we find five deaths from accident, thirteen from pulmonary troubles, one from typhoid fever, two from diphtheria, diseases of genito-urinary system, two; diseases of the nervous system, eight; from malignant growths, two; old age, two; still born, three; diseases of the abdominal organs not already included, three.

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WATERLOO shows a remarkably good mortuary record for 1886, there being twenty-six deaths in the year. The population of the city is 7,500, making the death rate three and one-half per thousand.

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THE MALPRACTICE suit pending in the courts at Des Moines for the last two years, has just been decided in favor of defendant. The case was J. H. McFarlan against D. W. Smouse, M. D., Des Moines. The final hearing was before Judge Kavanagh of the District Court of Polk County. The attorneys for the prosecution were Jas. Embree, and W. W. Williamson.

The facts are in brief as follows: The suit was brought for \$5,000. The plaintiff, it is stated, is not financially responsible for a very large amount, and a judgment against him would not be of very great value. The attorneys for the prosecution are not the leading attorneys of Des Moines. The case was tried before a jury, who in twenty minutes returned a verdict for the defendant.

The case grew from a fractured femur at the upper third, in July, '84.

The limb as presented to the jury showed two inches shortening, a decided curvature outward at the middle portion of the femur and a very decided eversion of the whole left limb of nearly ninety degrees. It was shown that the treatment consisted of extension and side splints. The bone united in five or six weeks. At the end of that time a starch bandage was applied. There was no curvature in the femur, and no eversion, but about three-fourths of an inch shortening. Measurements at the time of fracture showed the bones in the left leg below the knee, to be one inch shorter than the corresponding bones in the right leg. This difference was supposed to be due to local disease of which the patient gave history of having had when a child. At the time of the injury the patient was sixty-three years of age and quite feeble. It was shown by testimony that the curvature was due to the poorly nourished condition of the bone below the point of fracture that had come on after the man had gotten up, and that the eversion was due to muscular contraction. The great adductor muscles contracted and the adductor muscles were soft and flabby. The medical expert evidence for the prosecution was furnished by the professor of surgery of one of the Des Moines Eclectic Medical Colleges. In his cross-examination, the value of the evidence was very materially weakened. He claimed two and one-eighth inches shortening of the limb, and that there was only one-fourth of an inch shortening below the knee, while it was shown by six competent physicians after a careful measurement that there was fully one inch shortening below the knee. His replies to questions as to his points for measurement were indefinite and unsatisfactory.

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* *

ANOTHER interesting case of MALPRACTICE has just been decided at Mason City in the District Court of Cerro Gordo County. The case is also one of fracture of the femur, oblique at the lower middle third. The case was Oliver Booth against Geo. F. McDowell, M. D., Clear Lake. The facts are in brief as follows: The bill for services rendered, ran for a year or more before the defendant called for any pay. About this time the plaintiff and his friends had cooked up a case for malpractice. McDowell brought suit against Booth before a justice of the peace. It is thought, but not positively known by the writer, that before the justice, Booth beat the Doctor. The case was carried up to the Circuit Court.

Here the plaintiff set forth the plea, "no services rendered," on the ground that he was crippled for life, and that there had been no value received. The result of the appeal is not known. The case then appeared in the District Court as Booth vs. McDowell for malpractice. The case was prolonged, and the plaintiff's witnesses did a heap of swearing. The case was decided in favor of the defendant McDowell. The plaintiff Booth and his attorneys motioned for a new trial. The court, (Judge Ruddick) overruled the motion. The next was an appeal to the Supreme Court, which was finally given up on account of expense.

It was shown by the evidence that there was about three and one-half inches shortening, also that the plaintiff, Booth had had paralysis on that side.

* * *

THE SMALL POX in Cherokee was a "false alarm." The order for general vaccination was rescinded.

* * *

SCARLET FEVER has appeared in the form of a mild epidemic in the Orphan's Home at Davenport. As is usual in such cases, extravagant reports were circulated. The disease does not seem to be fatal in its type, and the sick are doing nicely.

* * *

MEDICAL LEGISLATION seems to hold good in Indiana. In a late decision, Chief Justice Elliott, of the Supreme Court of Indiana, sustains the constitutionality of the medical law in that State. His decision is clear and sweeping. A whole, or a part of the medical law of Indiana, will be published hereafter.

* * *

THE MEDICAL LAW of Iowa has at last a "test case." Chas E. Kelley, a faith cure doctor, has been arrested at Mason City, and the case is now pending. The warrant for his arrest was sworn out by Dr. A. A. Noyes. Cole, in the electric bath business at Mason City, has also been arrested. Dr. Noyes writes that he proposes to test the law, and have it carried out. Full particulars will be published in the next number.

* * *

Just as we go to press the following was received:

MASON CITY, IOWA, February 27, 1887.

State of Iowa v. Charles E. Kelley, Christian Scientist, charged with

violating the laws of Iowa by practicing medicine without a certificate from the State Board of Medical Examiners. Case tried before Hon. A. H. Cummings, a justice of the peace, in and for the county of Cerro Gordo, at Mason City, on the 25th day of February last. Hon. John D. Glass, and C. N. Hughes, attorneys for defendant. H. J. J. Clark, county attorney for state. A jury was impaneled by the demand of defendant's counsel, and sworn. The county attorney read the complaint as charged, also the law in such cases, witnesses for state and others, swore that they had employed him and paid him two dollars for the first visit, and one dollar at every subsequent visit. The case concluded, jury retired. Their deliberations were short and they returned with a verdict of not guilty, against all law and evidence. So it rests at present. I wrote you yesterday. A. A. NOYES.

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THE STATE BOARD OF HEALTH have discovered that a large number of physicians have never registered as required by the health laws of '82.

* * *

THE COUNTY CLERKS are stirring up the physicians for not registering the births and deaths. Evidently the State Board of Health have discovered there is something wrong here.

* * *

THE DES MOINES PIERCE, a saloon keeper's idea of a fiend is investigating the medical law preparatory to raiding those who are practicing medicine without a certificate from the State Board of Medical Examiners.

* * *

THE PROJECT for a new medical college at Colfax has been revived. A circular has been sent out, stating that there is to be a spring and fall session. The circular is signed by Dr. De Vore, Secretary.

WHAT IS SAID ABOUT OUR ADVERTISERS.

I desire to state for the benefit of my colleagues the results which I have obtained during my long career as military surgeon by the use of *Vin Coca Mariani*. Briefly stated, I have used it with the greatest success in profound senœmia, resulting from long arduous campaigns in

tropical countries, and in the gastro-intestinal irritation with loss of appetite and dyspepsia, which is such a frequent accompaniment of this condition. Two or three wine-glasses of *Vin Mariani* each day relieved the debility with wonderful rapidity, inasmuch as the tolerance of the stomach for nourishing food and the appetite were restored by its administration. Mariani's wine is vastly superior to the wine of quinia, since the latter by augmenting the gastro-intestinal irritation interferes with alimentation, and consequently with repair, thereby aggravating the anæmia instead of ameliorating it.—*By H. Liebermann, M. D., Paris.*

My very successful experience with Maltine makes me feel it a duty to the profession to point out some of the principal features of merit this very valuable preparation possesses.

It contains *three* most nutritive and digestive agents, rich as they are in phosphates, diastase and albuminoids. Hence, at a glance, it is apparent that for constructive metamorphosis of the brain and nervous system at large, this preparation must prove most efficacious. The large proportion of brain and bone-producing food it contains, therefore, makes it of incalculable benefit in many forms of wasting and asthenic disease. The large proportion of diastase and other albuminoids present in its composition, gives it both digestive and nutritive value. Its digestive properties, in fact, enhance its nutritive or tissue-forming capacity.

In a word, in nearly all cases of general debility, wasting or atrophic affections, and in nearly all varieties of indigestion, Maltine is a therapeutic auxiliary, the most valuable we have as yet encountered, and of which we can conscientiously say we do not tire, being daily more and more convinced of its advantages. With the long and very extensive practical experience we have had of its value, we would be at an infinite loss to replace it in our daily practice now that our confidence in its real merits has been so fully established.—*By J. K. Bauduy, M. D.*

RESOLUTIONS DUBUQUE MEDICAL SOCIETY.

THE Dubuque Medical Society at a regular meeting held January 25th, passed the following:

WHEREAS, In the dispensation of a Providence whose wisdom and benevolence we devoutly acknowledge, our brother Dr. W. S. Robertson, of Muscatine, Iowa, has been called from his earthly work to his eternal rest, therefore

Resolved, That we the members of the Dubuque Medical Society, hereby testify our profound conviction that his work was well done and that in its cheerful, faithful, conscientious performance he afforded an example to the young men of the profession worthy of emulation.

Resolved, That we sincerely mourn his death while apparently in the prime of his manhood and in the midst of active, unselfish labor for the public weal and the elevation of his beloved profession.

Resolved, That we extend to his bereaved wife and family our sympathy and commend them to the care of Him who doeth all things well.

Resolved, that a copy of these resolutions be spread upon the records of this society, that they be furnished to the IOWA STATE MEDICAL REPORTER for publication and that a copy, properly engrossed be sent to the family of the deceased.

Com. { BENJ. McCURE, M. D.,
WM. WATSON, M. D.,
M. H. WAPLES, M. D.,
JOHN S. LEWIS, M. D.,
ASA HOOR, M. D.
J. R. GUTHRIE, *Secretary*.

STATE INSTITUTIONS.

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE.

REPORT FOR JANUARY, 1887.			
	M.	W.	T.
Admitted.....	13	5	18
Discharged.....	7	5	12
Remaining.....	424	330	754
Left for visit.....	1	3	4
Returned from visit	0	1	1
Discharged recovered.....	3	1	4
Discharged improved.....	1	0	1
Discharged unimproved.....	1	0	1
Discharged died.....	2	4	6

GERSHOM H. HILL, *Superintendent*.

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR JANUARY, 1887.			
	M.	W.	T.
Remaining December 31, 1886.....	418	259	677
Admitted in January, 1887.....	18	16	34
Returned from visit during the month.....	3	2	5
Total under care in the month... ..	439	277	716
Discharged during the month	30	6	36
Daily average under care.....	416	263	679
Discharged recovered	13	2	15
Discharged improved.....	5	3	8
Discharged unimproved.....	12	1	13
Discharged died.....	0	0	0
Remaining, January 31, 1887.....	409	271	680

H. A. GILMAN, *Superintendent.*

LOST.

OFFICE OF THE STATE BOARD OF MEDICAL EXAMINERS, }
DES MOINES, IOWA, February 5, 1887. }

By some means two diplomas sent from this office have failed to reach their destination. If any one having received either will notify me, I will be greatly obliged and will send postage for return; or would be glad to have them sent per express (unpaid) to this office.

J. F. KENNEDY, *Secretary.*

PHYSICIANS AND DENTISTS LIFE INSURANCE ASSOCIATION—Incomparably the most practicable, economical, and safest plan ever offered. *Chief features.* 1st—Not a dollar of the Benefit Fund goes into the hands of the Association. A National Bank is made Trustee, in which the members deposit direct. 2d—An *Individual Surplus Fund* for the protection of *each separate policy*. 3d—A *Special Guarantee Fund* to protect, solidify and make permanent the organization. Correspondence and investigation invited. *Special inducements to all applicants up to July 1st.* Address W. G. FARRAR, *Secretary.*
Royal Insurance Building, Chicago, Ill.

The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

DES MOINES, IOWA, MARCH, 1887.

NO. 6.

ORIGINAL ARTICLES.

ALCOHOL IN HEALTH AND DISEASE.

BY T. J. SHUELL, M. D., PARNELL, IOWA.

[Extracts from a Lecture Delivered Before the Teachers' Institute.]

* * * But, alcohol—that's the question of the hour; that's the question upon which the fate of statesmen hang; that's the question whose satisfactory solution would bridge the chasms of popular sentiment, and make our social relations more in accordance with that divine precept: "Peace on earth and good will to men."

This is a very ticklish subject to speak upon before a promiscuous audience so as to please everybody; but I will say that I am not here to discuss prohibitory laws, I am not here to discuss high license, or low license, or local option; but I *am* here to discuss the effects and uses of alcohol in health and disease. * * * I shall therefore formulate four propositions, or queries and answer them seriatim:

1st. Is alcohol an essential medicinal, or therapeutical, agent? Yes.

2nd. Have we efficient substitutes for alcohol in all cases? No.

3rd. Is the continued moderate use of alcohol deleterious to the healthy organism, or does it tend to the shortening of life? Nearly always.

4th. Does the indiscriminate use of alcoholic liquors tend to physical, social and moral degradation? Yes.

Alcohol is a product of fermentation and distillation. Wherever certain conditions, or relations, exist between organic matter, temperature and moisture, there fermentation goes on—there alcohol is formed.

It is claimed to be found “in the ripe fruit and the fresh bread; and even in the muscular tissue and urinary excretion of the total abstainer a substance chemically indistinguishable from alcohol is found.”

It is a stimulant in small doses; in large doses a depressant and acro-narcotic poison. It is the universal solvent of medicinal substances, and is found in all tinctures, elixirs, and is the preservative of all fluid extracts.

In medicinal doses, in certain diseased conditions, it acts as a spur to the circulatory, respiratory and nervous systems; it equalizes the circulation; it checks tissue waste and decay. The great German chemist Von Liebig held that it was a food; which view, later experiments, I think, have disproved. It is apparently a food by preventing tissue waste, and holding the physical system at a comparative stand-still; but it furnishes no nutritive material.

Though a prolonged retrogression of the excretory forces might be as deleterious to the system as the original disease; yet, the scientific physician takes advantage of this deportment of alcohol in tiding over the crises in self-limited diseases.

Alcohol is indicated in all low states of the vital system, where there is feeble action of the heart with irregularity or intermittency of the pulse, in all low delirium which has not its origin in brain trouble. It greatly assists, if given at the right time, in tiding over self-limited diseases, such as pneumonia, bronchitis, typhoid fever, and dysentery.

Let me illustrate with cases: The typhoid fever patient has lain upon a bed of sickness for two and a half weeks. The vital powers are markedly impaired; the pulse fast, irregular, and weak; the appetite completely gone. The fever is continually high, the skin hot and dry, the tongue red and parched, and a low muttering delirium suggests approaching dissolution.

Nature calls for assistance through stimulation. Digitalis will stimulate the heart, but it will *not* stimulate the nervous system; but in this case the low muttering delirium indicates that the nervous system needs stimulation. Camphor and musk will stimulate the nervous system, but

they will also irritate the stomach and bowels, which, in this case particularly, must be avoided. Carbonate of ammonia is a general stimulant, yet it is alkaline, and in this case all alkaline medicines must be avoided. Opium will stimulate the nervous system, yet it will also check the secretions, which must be avoided in this case.

Therefore, we have nothing left but alcohol that will fulfill the indications. Alcohol is given—the skin becomes moist, the pulse stronger and more regular, the tongue becomes moist, the secretions more active, the delirium less marked, the mind becomes clear, and hope, with rainbow tints, dawns in upon that patient. He lives, and his recovery is due to the assistance rendered by alcohol in time of need.

Another case: It is midnight; darkness, in sable garments, enshrouds the world, and the March wind with icy breath breathes the germs of pulmonary disease. During eight long days and nights the little girl of twelve has tossed upon the bed of fever.

Twelve o'clock at night! and a restless delirium takes possession of that child; she wants to get out of bed but is restrained. Her head and hands are burning hot; her eyes wild and bright; her pulse so fast you can hardly count; her breathing rapid and shallow.

Her mind wanders. Now she speaks familiarly with the playmates of infancy, whose forms have long since passed into the land of shadows. Again, she sings the songs of home, the hymns she learned at Sunday school, and now she chants the low sweet lullabys heard at a mother's knee. The clock strikes one. No sound there save the hurried breathing of the child, the ticking of the clock, the moaning of the wind, the rattle of the shutter, the throbbing of the father's heart, the anguish of the mother which wells forth: "Oh, must I lose my darling child!"

The clock strikes two. Stupor takes the place of delirium; the pulse is weak, intermittent, almost gone; the breathing is slow and labored; the eyes are turned upward; the feet are cold, the knees are cold, the hands are cold—all bathed in the clammy perspiration of death; the lips are blue, the nostrils dilated; and the angel of death stands by the bedside ready, at any moment to sever the silken cord that binds that soul to earth. The door opens; the doctor enters, and that piteous plea of the mother is heard: "Oh, doctor, can't you save my child?"

Too late now for digitalis and carbonate of ammonia; too late now for musk or camphor; too late now for ginger teas!

What does the doctor do? He bathes and rubs her with hot whisky; he takes out his hypodermic syringe and injects brandy into her arm; he wraps her up in hot dry flannels and maintains artificial heat, by hot bottles or bricks to the lower limbs.

In a little while the pulse is perceptibly felt, regular and more full it beats; the breathing is more regular; the hands and feet become warm and moist; the eyes look more natural; the lips less blue; and she passes into a gentle slumber from which she awakens to again recognize familiar faces and speak with loving friends as one of earth. The crisis is passed, the fever is gone and she lives !

These cases may be regarded as mere word paintings, but they are also facts—facts that can be vouched for by nearly every physician of any experience.

But the ultra-temperance advocate tells you : “Alcohol is the greatest scourge to the human race; God never made alcohol! (neither, I will say, did he ever make a steam engine); from the most eminent medical authorities I can find it is not an essential factor in medicine, and where it does seem to be indicated we have efficient substitutes.”

He doesn't know anything about it!

What “ eminent ” medical authorities, pray ?

I will tell you: The physician who has squandered a fine practice and a good name through drunkenness and debauchery, but who now wishes to reinstate himself in popular favor by leaning to the side of ultra-prohibition; the man who is confident of “curing all the ills to which the human flesh is heir” through the administration of infinitesimal triturations and little white pills; the man whom his friends had intended removing to a lunatic asylum, but who was left at home on condition that he write “popular medicine” for the common people!

I think that I have proven my first two propositions, viz: that alcohol is an essential factor in medicine; and that it has no efficient substitute in *all* cases.

My third proposition is: Is the continued moderate use of alcohol deleterious to the healthy organism, or does it tend to the shortening of life? My answer is: Nearly always. Now mark you!

The healthy organism implies a definite correlation, or equilibrium of the vital forces circulatory and nervous.

In other words; there must be a due proportion of blood and nervous force in the hand, the foot, the skin, the brain, the lungs, the heart, etc.

Now, any agent that will permanently disturb this equilibrium is injurious.

If I can show you that alcohol is such an agent, then I shall have proven my third proposition. But, first, let me give preparatory illustrations. A person gets a thorn in his finger, or his foot. What happens? The nervous equilibrium is disturbed which also affects the circulatory, and blood is taken from its natural channels and flows into that part. The part becomes filled with blood and red and swollen—this we call *congestion*. This is the result of an unnatural stimulus or irritant. Remove that thorn quickly; the blood soon flows back into its natural channels and the equilibrium is restored. Let the thorn remain for a whole day before removal and note the result. The irritant is removed, yet its effects remain; the unnatural stretching or dilation of the small blood-vessels; the deposition of cell elements or corpuscles which were *squeezed out* of or migrated from, the blood vessels. Now, it takes some time to restore the equilibrium which must be effected by another set of vessels called the lymphatics.

Again, you observe a person with a chill. The face is pale and the entire surface is blanched from lack of blood; yet there is the same amount of blood in the system. Therefore, there must be too much blood somewhere else; therefore there must be *congestion* of some internal organ, or organs.

But, different medicinal substances have direct action upon different parts of the animal organism as regards circulation and nervous force. Alcohol quickens the circulation, stimulates nervous force and causes the animal machinery to run faster, but at the same time checks the elimination of excretory products. Alcohol is the great brain and blood stimulant; it congests the brain, causing pressure on the nerve cells, which arouses nervous force; it hastens the circulation in other parts of the body, but more particularly in the small arteries which supply the skin.

Therefore the use of alcohol would be consistent where there is lack of blood to the brain and where there is lack of blood to the surface of the body.

We have, however, a physiological or natural congestion which takes place during the digestion of bland foods; but we have balance wheels to properly moderate or dissipate this congestion—the liver and spleen. The food is propelled along the intestinal tract, resulting in advantage rather than disadvantage, to the animal mechanism, and the congestion disappears.

But let there be some indigestible substance, or something that irritates very severely, then, the alimentary tract will be like that finger in which the thorn was left for a whole day, and inflammation of the stomach and bowels results.

But the healthy organism means that there is *already* the proper amount of blood and nervous force in every part of the body. Now, if alcohol be continually taken, it will permanently disturb this equilibrium; it will impose a greater strain upon some parts more than others; it will prevent the proper elimination of effete or deleterious excretions; it will cause the animal machinery to run too fast; its effects will therefore, be injurious and tend to the shortening of life.

Now, some persons, accepting as established my first two propositions, argue that the healthy organism is something ideal only; that practically we never find it; that it is only known approximately; and, upon these premises, they would assume that the moderate use of alcohol is beneficial and tends to the prolongation of life.

It is true that, generally, the healthy organism is found only approximately; but is *not* true that alcohol is beneficial in *all* diseased conditions. In many diseased conditions, and, at different stages of disease, *alcohol would be positively injurious*. The scientific medical adviser, only, should determine when it should be used and when it should not be used. I have shown you that, in certain low states of the vital system, alcohol is an *essential* medicinal agent; but in those cases the patients were confined to bed. Now I will say that it is my honest conviction that, when a man is able to *walk* to a drug-store, and sign his name for a pint of whisky, *for himself*, "for the actual necessities of medicine," *that in nine cases out of ten he perpetrates a lie!*

My answer to my third proposition was: "Nearly always." Now, what are the exceptions? These are to be found in the extremes of life. The child deteriorated by marasmus, or wasting disease, resulting from

anti-hygienic surroundings added to an hereditary deficiency in vitality, may often be benefited by a moderate continued use of alcohol.

The aged person may not have any disease of a vital organ; the physical organism may be termed approximately healthy; yet he still lacks in the vital forces, circulatory and nervous. The moderate use of alcohol by such a person does tend, and often has tended, to the prolongation of life.

Again there are certain peculiarities of individuals, peoples and races.

For illustration, I will select two opposite types of people, the Irishmen and the Germans.

The animal machinery of the Irishman works fast; he moves fast, talks fast, thinks fast—he is noted for his activity, wit and brilliancy. The German, on the other hand, moves slowly, talks slowly, thinks slowly—yet he thinks deep; and the Germans are noted as the great profound thinkers of the world.

Give these two men liquors and note the results. The Irishman will take something that will act fast and he'll drink it fast—he'll take whisky. The German will take something that will act slowly and he'll drink it very slowly—he'll take beer.

The Irishman drinks four or five glasses of whisky in a very short time; and the machinery, which naturally runs pretty fast, has now got the start of him and he can't longer control it, so he whoops and hurrahs and wants to thump somebody! The German, on the other hand, sits down and takes it easy; and his friends may, by careful urging, get the machinery to run fast enough to grind out a song!

Now you can see why a continued use of liquor may not injure a German, but often may be beneficial by maintaining enough vital force to keep the machinery in motion!

Vital statistics do not show that the mortality of the German people is greater than that of other nations, yet they nearly all drink beer. This exceptional fact is accounted for by their peculiarity of constitution and their naturally temperate habits. But the continued use of liquor will kill the Irishman by making the machinery run too fast; it will also kill the American, as his nature is very similar to that of the Irishman—for if it wasn't he would never think of passing prohibitory laws to protect himself against the devil.

I now come to my fourth and last proposition: Does the indiscriminate use of alcoholic liquors tend to physical, social, and moral degradation? My answer is, Yes. I shall not attempt to take up exhaustively the social and moral aspects of this question. I will leave those for the temperance lecturer, the preacher, and the Sunday-school teacher. *They* may speak truthfully and intelligently upon these phases of the subject; but they are the *only* divisions of the subject upon which they can consistently speak.

Suffice it to say, that history, statistics, and personal observation have demonstrated beyond a doubt that the indiscriminate and intemperate use of alcoholic liquors has produced more want, misery, and domestic discord than all other causes combined. It has entered into the family circle whose members were bound together by the sacred ties of affection and love and introduced discord, grief, and death. It has overturned monarchies and disintegrated republics. It has been the direct or remote cause of nine-tenths of the crimes that fill our penitentiaries, and three-fourths of the pauperism that fill our poor-houses. It is a cause that leads men to despair, and prompts them "to curse God and die."

But it becomes my duty as the scientist, the physiologist, the pathologist to discuss more particularly the *physical* aspect of this question. Alcohol congests the brain, and causes dilatation of all the small blood vessels throughout the body. Continued congestion leads to tissue change. Continued congestion of the brain produces epilepsy and insanity, and by tissue change apoplexy and brain softening.

The indiscriminate and intemperate use of alcohol causes a weak heart by the deposition of fatty cells as the result of continued congestion. It produces a like effect upon the liver which physicians call cirrhosis of the liver. It produces a similar effect upon the kidneys which physicians call fatty degeneration of the kidneys, albumenuria and Bright's disease. It produces congestion of the skin, and more particularly of the face and nose, and the chronic "soaks" may be readily picked out by their red noses. Now the finest medical knowledge of to-day renders us but poorly able to cope with any of those diseases.

It is an indisputable fact that acquired tissue changes, in muscle or nerve cells, have been transmitted from parent to offspring.

Alcohol is a potent factor in inducing such acquired tissue changes by producing continued congestions; therefore the effects of alcohol are hered-

itary. Alcoholism is, therefore, an hereditary disease, and its concomitants, or sequelæ, are insanity, idiocy, epilepsy and hysteria.

I don't believe as the preachers do, that those words of Scripture: "The sins of the father shall be visited upon the children even to the third and fourth generation"—I don't believe they had reference to man's soul; I believe they had reference to man's physical organism; I believe they had reference to alcoholism and its twin sister, syphilis, the heredity of which diseases is a fact amply demonstrated throughout the ages.

The discussion on alcohol thus far, I think, demonstrates two propositions :

1st. Alcohol is an *essential* medicinal agent and has no efficient substitute in *all* cases; its employment should rest with the competent and conscientious medical advisor. 2nd. Its indiscriminate, intemperate and continued moderate use should be deprecated on account of the evils which result therefrom—physical, social and moral.

PHYSICIANS VS. QUACKS.

BY I. H. MOORE, M. D., PRAIRIE CITY.

An address delivered before the late meeting of the Jasper county Medical Society, held at Newton, January 18, 1887.

Frequently medical gentlemen complain that their calling is one which the public does not comprehend—their services of a nature that the community cannot appreciate. Acknowledging the truth of this complaint and appreciating the wisdom of the association in expecting its members to present subjects for discussion calculated to disseminate truthful ideas upon the relation borne to the community by its members, and reciprocally, to the medical men, by the community. I shall ask your attention to a few scattered thoughts, hastily thrown together, upon a subject, in which, as an intelligent people, you should feel interested. I am sure there is none within the hearing of my voice who has not at some time felt the doctor's fingers noting the pulsations of the radial

artery or been blandly invited to "put out your tongue." There are more doctors than members of all other professions combined; and in proof of this assertion it is related that a certain duke at one time propounded the question, "In what calling are most men engaged?" His court fool answered that there were more physicians, and laid a wager to prove it in twenty-four hours. The next morning he left his lodgings, wearing an expression of pain, and having his head tied up, and started for the palace of the duke. The first one he met asked what was the matter and received the reply that he had a raging toothache. "I know the best thing in the world for it, my friend," said the other, and told his remedy. The fool inscribed his name on a tablet, pretending to write down the recipe. A few steps on he met several talking together; he was asked the same question. Each one gave him a remedy. He wrote down their names as the first, and pursued his course to the end without meeting a single person who did not give him a cure for the toothache. Having arrived at the court of the palace he found himself surrounded by gentlemen, who, having sympathized with him, each gave him a cure. Having entered the chamber of the duke, the same scene was re-enacted and the certain cure was forthcoming from the duke. The jester, throwing off his disguise, exclaimed: "And you also, my lord, are a physician! Look at my list, and see how many I have met between my lodgings and the palace. Here are nearly two hundred, and I have passed through but one street. I will engage to find 10,000 in the city. Find me as many persons engaged in any other business." This anecdote is proof of the fact that everyone meddles with medicine, and that there are few men who do not think they know a great deal about it, even more than physicians themselves; all of which is capable of demonstration. The physician's lineage is an honorable one, and his pathway, all the distance back to the morning of time, is resplendent with the glory of his achievements. I believe it was Voltaire who said that men who occupy themselves with studies and efforts to give health to other men from the sole principle of humanity, should be considered the grand of the earth—they are kindred to the Divinity. To preserve and repair is nearly as admirable as to create.

The present era is one of extraordinary progress and growing light. The science of medicine has partaken largely of this onward tendency.

Not a few diseases, once very fatal or prolonged, are now under excellent control ; injuries, deformities and pain are brought into a subjection that no preceding age has equaled. In richness of material, in fertility of resources, the healing art is growing stronger every day. The public has been the chief gainers by this advancement, and this is as it should be. The great reason of the existence of our profession is that there is human suffering to be relieved. Wherever this may be, physicians are ready to go and act—as ready now as in any former time. Nay, more ; we recognize now in a fuller and higher degree than did our predecessors that our duty is not only that of curing evils that the flesh is heir to, but of preventing them by the study and correction of their causes. Giving, as we do, the best years of our lives to the work of preparing ourselves for the accomplishment of these high aims, we render a service to mankind for which it is just that we should be paid. Hence there is between us and the public a business relation, but it behooves us to look well to it, that we keep this in its proper and subordinate place. Let us endeavor to command a high social esteem, worthy of our calling ; not because we are indispensable, not because of the vastness of our knowledge—but for the more noble reason that there is plainly traceable in all our conduct in every relation, the influence of a pure and lofty principle, founded upon an unalterable basis. Let us look at the status of the promoters of this advancement. Has their standing improved ; has it advanced with their advancements ; have they been benefited in a commensurate degree with their deservings ? I leave the answer to you. In every community there are hundreds of persons entirely oblivious to the claims and achievements of regular medicine, who are wholly incapable of correct judgment and discrimination between scientific worth and charlatanism. The boasting charlatan and empiric often receives the greater honor and praise. The better class, even, often turn their backs upon the true promoters of scientific medicine. They counsel empirical dogmatists, apparently regarding the new schools of medicine as better advisers, as well as the leaders of medical progress. We grant that those unversed in medical subjects have no criterion by which to know the quack from the man of learning. The quack resorts to cunning arts at the bedside, and not one in a thousand will detect his ignorance, much less his cunning.

The law, made by the representatives of the public, refuses any efficient aid or protection against the intolerable assumptions of empiricism ; it will do but little to uphold, encourage and protect the genuine cultivators of science ; it grants charters to any half dozen pony doctors seeking after notoriety as college teachers, giving them the unrestricted right to grant diplomas, until every ignorant pretender and traveling mountebank can flaunt two or three of them in our faces. On the same level in public estimation are the hydropath, the eclectic, the homeopath and the regular M. D. I know one of those cheap snide doctors who attempted to describe the relations of the prostate gland in the female.

The fact is, that all great discoveries which have served to lengthen the average of duration of life, that have given the physician a power over many diseases and injuries, only a short time ago undreamed of—not one has been made by followers of the schismatic schools of medicine. Some of you may be incredulous when I say this, and regard it as the plea of sordid self interest, but it is a stubborn fact.

Few things are more difficult to overcome than popular prejudices, and to create these against regular medicine is the strong point of the followers of irregular schools. All these new schools or isms are held together by certain dogmas which must not be disputed. It was this method which held the minds of men in chains for centuries, and it will ever be a bar to progress in the irregular systems, so called. Regular medicine acknowledges no dogmas—it has no creed. To us it is heresy to place limits on investigation of dogmatic assumptions. Entire freedom to question or advocate is the chief corner stone of orthodox medicine. The moment a man seeks to erect his judgment into dogmas, he forfeits his title as a promoter of knowledge. The irregular schools are appropriations of other men's labors, and their pretensions as benefactors though their discoveries are false—they have made none.

The dogmas of Hahnemann in its indivisible last potency of ghostliness, as it still hangs to the ragged edge of its fate, is one of most notoriety. And yet these gregarious hallucinations, we must recollect, have been the *vis a tergo* of some of the best conceptions in practice ; as a negative, that like the current of electricity when broken by a discharger, causes the truth to sparkle. Though regular practitioners have introduced all the great improvements that have been made in the healing art, unscrup-

ulous quacks appropriate them, reviling the discoverers as old fogies, creating a widespread disaffection and distrust in the minds of the public toward scientific medicine. In this way the public have been the losers from the fact that this dampens the ardor and spirit of scientific culture to a far greater degree than you may credit.

When, years ago, a loathsome disease terrified the world with its frightful destruction of life, breathing huge blotches of repulsive matter on the cheek of the beautiful maiden, and finished its work only by leaving in the place of beauty a spotted deformity, men were reminded of the plagues spoken of in the Bible, and with earnestness they supplicated deliverance from them. Now, how comparatively slight are the terrors which small-pox creates. A simple remedy has blunted the sting of that dread disease. All honor to the immortal Jenner, the great benefactor of the human race.

Again there swept over the land with lightning speed, a spectral visitor that entered unforbidden the dwellings of the rich and poor, uncompromising, and pointing with fatal finger at the babe in the cradle, then at the old man whose days were nearly numbered. The strong man who never knew disease, yielded almost instantly to its touch and returned to his original element. Alas! with what sorrow did men contemplate the sudden melting away, as it were of humanity, while there were audible whispers of "Who shall be the next?" Terrible as were the ravages of cholera on its first appearance, as well as since; yet who will say that we are not better acquainted with its character to-day than when it first invaded our shores. Many brave spirits have fallen in the struggle to conquer this dread disease. Let this sentiment be inscribed upon their monuments, "They died in their efforts to save others."

It is unfortunate for the public, as well as the profession, that so much latitude is allowed in the practice of medicine. The courts of the land should give us a better protection by imprisoning the men who wrongfully hold out themselves as doctors of medicine, thereby duping legions of suffering people. Unscrupulous, ignorant and vile men are practicing their deceptions, in the face of day, and making our profession a cloak for the committing of nefarious practices, alike hurtful to the morals and health of the public. For all this assumption, ignorance and error, a fearful retribution is visited upon the public. It pays the

penalty of half its life, and, consequently, half its usefulness and happiness. The public should see to it, and demand that those to whom are entrusted the health and lives of the people shall be qualified by suitable education. By associations of medical men, are we endeavoring to protect, purify and elevate our profession. Our associations indicate to the people what medical men are in good repute with their brethren, and under obligations for the conscientious discharge of their duties. The enlarged sphere of duty pertaining to the profession of medicine can only be properly met by professional organization. The people have their most solemn interests concerned in sustaining the organization, and much reason to suspect those who affect to be independent of it. Medical men, who voluntarily refrain from the work, are either behind the age, ignorant of their duties and of what the profession are doing, or else are seeking to hide sinister designs and selfish purposes under an affection of individual independence, just as all do who profess to be independent of the laws of society.

The quack may boast of being independent of the County Medical Society, a society to which he is ineligible, and the people who cheer on such a spirit must not complain if they find themselves the victims of lawlessness. The man who affects this independence has an interest in shunning professional investigation, and may claim the privilege of darkness as an independent right, but it cannot be awarded him, the interest of society forbids it.

If the professional man is weak, he owes it to those committed to his charge to have the aid and counsel of his professional brethren, and if he is strong, he owes a portion of his strength to the profession and the good of society. Did time allow, I could enumerate many obstacles and discouragements which environ us as a profession. Certainly our walks are not through smooth and flowery paths—but what to do or say has been anxiously discussed by medical associations with unsatisfactory results. As the curative art at present appears to the public, there is no test, no mark of superiority that readily and unmistakably distinguishes the members of the regular profession from the followers of dogmas—unless it be “*are you a calomel doctor?*” The public often censures us when we are entitled to praise, and praise us when we should have censure. The people will not detect the deceit of the followers of the empirical

art, and when a competent physician attempts its exposure, ten to one, he will not be credited with speaking truthfully, but only in his own interests.

After years of application and patient investigation to find ourselves on the level, often below it, in public estimation, with thieving quackery, is extremely humiliating, but it tends to foster the belief that some humbuggery in the practice of medicine is necessary and even more successful than merit. The frequent repetition from daily observation of such impressions upon the mind, undoubtedly tends to lower the animus of the physician's aims, to lead him to scout the necessity of diligence and thoroughness in knowledge as the main avenue to success, and of openly avowing that some humbuggery is required if we would make a financial success of our avocation.

What is to be done? Public sentiment must be changed. That is the citadel we must attack, and if we can not carry it by storm, let us do it by siege. We must discountenance these public plunderers and murderers. Every educated physician should make it a personal matter and endeavor to have his influence felt throughout his section of the country. The dignity of the profession requires it—the interests of society demand it.

The great mission of mankind is fraternal relief, brotherly sympathy and world-wide charity. Its sure foundations are lodged broad and deep in the divine philosophy of relief for sinful and fallen man, its precious gifts have been consecrated in the smiles and tears of centuries.

It may be the precious counsels of medical men will be disregarded by peoples, states and nations, and the fruits of their labors be left to rot in the midst of the ignorance of the poor and the selfish indifference of the rich for a time. Be it so. But the day will come, when the sage advices and solemn warnings of men of science and lovers of mankind shall be heeded and society will be moved and controlled in all matters concerning the prevention of disease, upon soundly deduced medical opinion, in the preservation of the public health, and in the increased average duration of life.

The day is not far distant when boards of health everywhere shall be actively at work to inspect your homes and closets; to examine your food and drink; to warn you of the dangers of impurities and poisons; to

warn you also of lethean elements of destruction that lurk in the smothered fires of the devil-broths that prey upon the vitals of our fellow-men.

They will sit in judgment over the market places and inspect the staffs of life as they come smoking from the oven, or bleeding from the slaughter pen, approving or condemning as each may deserve. Medical intelligence will demonstrate to the great public the way to find pure bread, pure meat, pure drinks and pure medicines. The final and successful work of the sanitarians will show our fellow creatures how to prevent disease, by preserving the integrity and healthful vigor of nature's laws in obedience to the commands of God.

The doctor bears a closer relation to the public than any other class. He sees vice in a physical as well as moral aspect, and knows that the cure is not possible, save only in changing the conditions of social life. He is almost debarred the pleasures of society, and many of the relaxations and amusements so frequently enjoyed by others, and his hours are passed in the shadowy apartments of the sick. He early becomes acquainted with our abyss of iniquity to which even the confessor is forever a stranger. He sees how often the laws of nature exact a penance more severe than any imposed by priests.

SHOULD CONCEPTION BE CONTROLLED.

BY L. C. WINSOR, M. D., SPIRIT LAKE, IOWA.

Mr. Hoard, in a recent address before the Dairymen's Association, of Wisconsin, said: "Let me give you a little illustration of what the meaning of ancestry is. I was in the veterinary office of Mr. Quickfall, in Philadelphia, in 1865, and he showed me a section of bone, two inches long, taken from the hind leg of a thoroughbred English racing horse. Their breed, you know, descends clear from the Arabian—thousands of years. He has also a two-inch section between the fetlock and gambril, taken from Canastoga draft horse. The horse had weighed nineteen hundred pounds in his best days. The bone of the draft horse was nearly double in size that of the racing horse, yet the bone from the racing horse weighed the most. I thought to myself, away back in the days of Mohammed this little bone started, and it has been held in line of purity and re-en-

forced on either side, and up-built and up-built with the intelligent judgment of intelligent breeders, pursuing a straight and specific line. The doctor told me that that piece of bone from the leg of the racing horse was stronger than the finest steel that can be found. Those two pieces in the hind legs of the race horse were sufficient to throw him twenty-five feet at a jump for a mile, two miles, or three miles; and he said, 'I tell you, there are no two pieces of steel in God's world that could stand it.' That was breed; there was the hiding of inherited power."

The above example indicated the effect of breeding along a direct line for many hundred years; an evolution of qualities, attention to a continuous transmutation of qualities in vegetables, flowers, fruits, and animals is recognized to be productive of wonderful results.

The gardner and stock breeder are working along the same line, and continuous attention, year after year, is rewarded by more luscious fruits, finer flowers, faster horses, and more intelligent dogs. Is there a similarity between the cultivation of flowers, the breeding of stock, and the propagation of the human species? Do we see hereditary traits extending through families and generations? Certainly; examples are very numerous. The most common, perhaps, is the resemblance of features and actions between parent and child.

On a larger scale races inherit the same general cast of features, the the same color of skin. The inhabitants of the tropics are totally different than those of Greenland—different in build, features, habits, and actions. In Europe there are families and generations of sculptors, painters, and carpet weavers. Families are on record who have been born with six fingers, and the peculiarity has extended through several generations. There is no doubt that mental and physical traits are hereditary, and the similarity between man and animals in this regard is striking. But some will argue that we can not breed up the human race as we can animals, on account of social laws; that while we may select the best animals and breed from them, men must be subject to the laws of marriage. This, of course, is true in regard to the very proper restrictions imposed by marriage. We may not improve our health and strength with equal facility, but gradually, attention to details, even

under these restrictions, would improve the race; at any rate, the point in fact remains the same.

The physical part of man is simply animal, and the possibility of grading up his physical part to a high point of strength and vigor is proven by the results shown in breeding animals. There is certainly too little thought given to the conception of children by people generally. At the very first step, yes before the first step is taken in bringing a child into the world, the parents should prepare themselves for the responsibility. Responsibility as is often thought does not begin with the birth of a child, nor with the conception of a child, but even before conception. We might go even further back and say the traits we inherit are from our ancestors, and there lies the responsibility of our actions.

The care and attention to the health of the parent before and at the time of conception must necessarily influence to a great extent the strength, constitution and traits of the child. Attention given to the care and health of the mother during gestation is necessary and important, but not secondary to it is the state of the health previous to and at the time of conception. It cannot be disputed that the majority of our race are conceived utterly regardless of the conditions, time, or of the fitness of the parents to procreate. Such being the case, is it strange that we hear now and then rumors that the American race is becoming weak? That hollow-chested, round-shouldered debilitated fathers, and worn, dyspeptic mothers complain that the children are sick so much that they are turning home into a hospital? It would be strange, indeed, did we not see and hear these things. What then is the remedy? I answer. The remedy lies in controlling and preventing conception. Opinions will doubtless differ in regard to the right or wrong of this procedure, and some will urge that if such a practice were recognized and established, great social wrong would result. The objection is certainly made on good grounds, for as long as men are inclined to wrong doing, proper and justifiable procedures in all cases will be turned to a wrong use. Even as it is, the Americans raise small families, compared with the English and Germans. The number of abortions are alarmingly numerous. It is claimed by some, even, that the American race is dying out. I do not intend in any way to uphold this state of affairs. I rejoice to see an abortionist brought to justice, at the same time I am convinced

that in numerous cases conception should be prevented and in all cases it should be under control.

Married life is looked at by people through different eyes, vastly different conceptions of it are formed in regard to its duties and pleasures. But one anticipation marks the majority, that of greater happiness and completeness in life.

Young people, especially, usually see in marriage only a pleasant and profitable social union. If thoughts of the acquisition of a family occur, it is only in a vague and indefinite way. The method and the responsibility of conception receives little or no thought. In marriage, to receive the greatest happiness and give the most pleasure, it is evident marital relation should be properly sustained and a family of healthy children should be raised. In the following few remarks I hope to show that there must necessarily be a method for controlling conception to bring about these results. The newly married are seldom in perfect health. The bride fatigued by work and worry consequent on preparing for marriage. The groom in the same state, and perhaps upon marriage indulges to excess in intercourse until he becomes temporarily debilitated. Even if this be not the case the majority of our people may be considered unhealthy, at least they are not in good health, especially those of the opposite sex of whom many are delicate and some invalids. Few men are as strong as their ancestors were. They are not of the rugged puritan type, nor is the tendency in America to strength, but rather to weakness and under these circumstances, with no especial preparation, conception takes place.

The conditions are evidently not the best. If conception could be prevented for several months, strict attention being paid to hygienic measures, at the end of that time both would be in such a condition as to give the best possible results.

Therefore, in some cases of the newly married, I believe, the prevention of conception is justifiable and necessary. There are cases where it is generally admitted that conception should be prevented entirely—such are malformation of the bones of the pelvis of the mother, where it is an impossibility for her to give birth to a child. In such cases prevention is very much more preferable to abortions; also cases of hereditary insanity, eclampsia, vomiting of pregnancy and serious heart diseases. A little

foresight and precaution exercised in these cases would save much suffering. A further allusion to these cases is unnecessary, as it must be generally conceded that conception should not occur.

In cases of hereditary diseases, such as phthisis and syphilis, legislation as regards marriage has been mentioned as a remedy, but manifestly it is impractical. Men and women are too prone to marry on simply the one quality—that of love. Often the fitness as regards health, temperament, and inclination is totally disregarded, while to my way of thinking all these qualities, especially health, should be properly balanced; but in the majority of cases love reigns while reason is discarded. So, evidently, the legislation can never be which will prevent the marriage of these diseased persons, but a law could be enacted and enforced with considerable facility, prohibiting the procreation of such persons. At all events it is manifestly wrong to propagate children of such parents, making them live and suffer more or less from loathsome and fatal diseases. In such cases, conception most certainly should be prevented.

Still another class of cases there are, and perhaps the most numerous, where both parents are healthy and capable of raising healthy children, but where the family purse is limited, and any additions to perhaps an already large family would be not only burdensome but an injury to the children already born. Look, for instance, at the tenement-house district of any large city. There are, perhaps, twelve families in one six-story house. Each family consists of from three to eight persons. Crowded in this manner, the children, perhaps, all small, the parents should procure plenty and the best of plain food, dress the children comfortably, and in fact make every exertion to enable the children to combat the tendency to disease which surrounds them. The father is a common laborer; he can, perhaps, properly care for himself, wife, and two children, but all who are born besides come where they themselves cannot be rightly reared, and they infringe upon the rights of the first born. Undoubtedly it would have been better had they never been born.

The parents, if conscientious, will not try to destroy the life of the child when already conceived, though they know they are not fitted to bring it up. The father is over-burdened; he perhaps becomes disheartened, takes to drinking and is ruined, dragging his family with him. Or,

on the other hand, the alarmed mother seeks to anticipate and evade nature by an abortion. The train of ills which usually follow may possibly bring the mother to her grave, and a family of motherless children are left in the world. These are not fancy pictures; I have seen the originals in one of our great cities.

All this could be prevented by a safe and reliable method of securing non-conception, and I say most emphatically in these cases conception should be prevented. For time long to come people will marry regardless of the fitness. When married, cohabitation follows regardless of the advisability, and conception results regardless of time, condition, or strength. Such is the case as it now stands.

Other instances there may be, and probably are, where conception should be prevented from the force of peculiar circumstances; but of these each one must decide as to the justifiability by his own condition.

The above mentioned in themselves seem to me sufficient to warrant that a safe method of preventing conception should be recommended by medical men when proper occasion offers. Some, I think, too thoughtlessly advise non-intercourse, in many cases where a harmless method of prevention would be preferable. I realize that this is a delicate subject to touch upon, and bespeak, the forbearance of my readers, at the same time I believe it to be one of importance. If people were taught how to properly control conception, abortions would be less frequent. Family discords would not be so numerous; men and women would not be over-burdened, nor driven as they sometimes are, to despair. America's sons would gradually become more rugged, and as a people she would gather rather than lose strength. Men are of a disposition downward and ever will be, and there are those who would turn to a wrong use, a perfect method of arresting conception, and yet weigh in the balance of sound judgment the good with the evil, and you must find the benefit to ourselves, our children and our children's children will draw down the balances heavy, on the side of the benefit to be derived and the good to be accomplished by controlling conception.

PUERPERAL ECLAMPSIA.

BY HENRY Y. BRAUNLICH, M. D., DAVENPORT, IOWA.

CASE:—Mrs. R., a German woman twenty-two years old, pregnant for the first time, had menstruated last, six and a half months ago. She arrived from Europe three months before her illness began, and had been in her ordinary state of health, except that she felt weak, which she ascribed to being seasick during her voyage.

For a few days before she was taken sick, she had been complaining of severe headache and epigastric pain, which was accompanied by vomiting, she had also noticed swelling of her face and feet, but she still continued to perform her household duties, until one morning on raising from bed, she was suddenly seized with convulsions.

When I arrived, about an hour after the first seizure, she had had two attacks, and was in a comatose condition from which she was with difficulty aroused. While trying to arouse her sufficiently to answer questions, the convulsions again came on. This seizure was very severe in character, the tonic spasms lasting thirty-five seconds, and the clonic about four or five minutes. The spasms gradually passed off, leaving the patient in a deep coma from which she could not be roused.

The pulse after the convulsion was hard and wiry and 130 per minute, respirations 25 per minute, and gasping in character; the tongue was coated but moist; the pupils were dilated, and the feet and eyelids oedematous. Her husband stated that she had frequent calls to urinate during the night, but had passed only a few drops of urine at a time. On introducing a catheter into the bladder, about half an ounce of urine was obtained, which possessed the peculiar dirty reddish brown color almost characteristic of acute Brights. On heating this urine over a lamp, it completely solidified, so that the spoon could be turned over without spilling its contents.

On vaginal examination the uterus was found enlarged, indicating the seventh month of pregnancy; the os uteri was contracted, showing no sign of threatening abortion. Her friends stated that shortly before the first convulsion came on, she had complained about the movements of

the child, but on applying the stethoscope over the abdomen, no foetal heartsounds could be heard. I had no doubt that the repeated convulsions had caused the death of the foetus, but as the induction of premature labor, would probably bring on more violent convulsions, I resolved to await the result of other treatment, before resorting to this procedure.

A hypodermic injection of $\frac{1}{3}$ grain of morphia was immediately given, and a tablespoonful of infusion of digitalis; the digitalis to be repeated every two hours until the flow of urine was increased. Morphia powders $\frac{1}{4}$ grain were also left with orders to give one immediately after the next convulsion, or every three hours if she be easily aroused. A powder of 10 grains calomel and 30 grains Comp. jalap powder was also given.

Two hours later she had another convulsion, but not as severe as those preceding, and three hours after this another, which, however, lasted only a very short time.

In the evening, twelve hours after the first convulsion, her mind was clear, but she still complained of headache and of epigastric pain, and she had vomited several times during the afternoon. She was in a profuse perspiration, and had passed during the day about four ounces of urine. The urine still contained a large quantity of albumen, and microscopic examination revealed a large number of casts and blood corpuscles. She had a copious discharge from the bowels, and had no convulsions since noon.

The pulse was full and soft, and about 80 per minute, respiration, normal; the tongue thickly coated but moist.

The infusion of digitalis was continued in tablespoonful doses every three hours, and morphia in $\frac{1}{4}$ gr. doses every four hours. Some bismuth was also given on account of the nausea.

During the night she slept quietly for several hours, and the next morning her condition was much improved. There was still some headache, but the epigastric pain had left, as had also the vomiting. The pulse was 70 per minute, the tongue not so much coated, and she had passed during the night about eight ounces of urine, in which the quantity of albumen was much diminished.

From this time she steadily improved, the flow of urine slowly increased and the quantity of albumen diminished, the oedema of eyelids

and ankles gradually disappeared, appetite returned, but since the first convulsion the foetus had showed no sign of life. On the tenth day of her illness, examination of urine showed but a slight amount of albumen, and microscopic examination showed no casts or blood corpuscles. Her appetite was good, all oedema had disappeared and she was as well as before the convulsions, except that the child had shown no signs of life.

Four days later, on the fourteenth day after the convulsions, I was again called and found the patient well advanced in labor; the os was well dilated and pains strong and frequent. After a short labor, she was delivered of a male foetus, about seven months developed, which showed signs of being dead for some time. It probably died during the first convulsions.

The patient made a rapid recovery and is now again pregnant about three months.

ETIOLOGY:—Braun describes puerperal eclampsia as “an acute affection of the motor functions of the nervous system, characterized by the loss of consciousness and sensibility; by tonic and clonic spasms, and seems only as an accessory phenomenon of another disease, generally of acute Brights, which, under certain circumstances, spreading its toxæmic effects on the nutrition of the brain and whole nervous system, produces these fearful accidents. The toxæmia in puerperal eclampsia, is commonly produced by uræmia or by retention of the excrementitious constituents of the urine.”

Those cases of eclampsia which are not produced by uræmia, are due to some other poison retained in the blood, such as imperfect elimination of carbonic oxide, or the retention of bile in the blood.

According to Braun, these convulsions are produced by the action of some poisonous substance on the nervous system;—some substance that the kidneys, or possibly some other organs, have failed to remove from the blood. Whether this poisonous excrementitious matter be urea, or carbonate of ammonia, produced by the decomposition of urea in the blood, as Frerichs claims, seems as yet undecided. Braun says that if, after uræmic convulsions, the child be born alive, a large amount of urea will be found in the blood of the umbilical cord; but if the child be dead, carbonate of ammonia will be found in the foetal blood. From this it would appear that the production of carbonate of ammonia from urea

takes place post mortem. That this toxæmic condition is caused in the majority of cases by the failure of the kidneys to perform their functions, there can be no doubt.

Whether or not the inflammation of the tubules of the kidneys is caused by pressure of the gravid uterus on the renal veins seems as yet undecided, although it seems probable that in those cases in which there is a predisposition to Brights, this pressure must produce such congestion of the kidneys as to be the immediate cause of the inflammation. And even when the kidneys are in a healthy condition, this interference with the circulation of these organs may be the prime cause of the inflammation.

It has been claimed that as the convulsions often do not come on until after labor, that this pressure cannot be the cause of the convulsions. It seems to me, that in those cases in which the convulsions do not appear until after delivery, the kidney trouble may have been caused by this pressure, and the condition of the blood being ripe for producing convulsions, the depression and exhaustion following labor would be a favorable time for them coming on.

TREATMENT: PROPHYLAXIS: When the patient is seen before convulsions have come on, and symptoms are present, indicating the great danger of the woman's condition, means should be immediately taken to improve the impoverished condition of the blood, and to remove as soon as possible, the retained excrementitious matter from the circulation.

To fulfill the former indication, fresh air, nutritious diet and moderate exercise, together with iron in some form, and quinine, will perform wonders. The bowels should also be regulated, but drastic cathartics avoided on account of the impoverished condition of the blood.

To remove the retained excrementitious matter from the system, the functions of the various excretory organs must be improved. The kidneys will be found, in the great majority of cases, to be the organs at fault. If the urine be scanty, and contain casts and albumen, the force of the circulation must be increased, for which purpose digitalis in some form is indicated. The urine must be frequently examined, and any increase of the renal inflammation should be promptly met by suitable remedies. The presence of casts and albumen in the urine, with œdema of the feet and face, does not call for the induction of premature labor

In many cases, by the means indicated, the condition of the patient is so much improved that she will go on to the termination of labor without any further alarming symptoms.

In September, 1885, I was called to see a woman, aged 31 years, who was pregnant for the third time. She complained of headache and nausea, and of pain in the epigastric region, felt weak, had œdema of the ankles, had frequent calls to urinate, but passed only about twelve ounces of urine in twenty-four hours. The urine on examination, showed the presence of albumen in quite a large quantity. She was given fifteen M. doses of tincture of chloride of iron three times a day, and infusion of digitalis in half ounce doses four times daily, until the flow of urine was much increased, when the dose of digitalis was diminished. The bowels were regulated when necessary, by saline cathartics; and good nutritious food, as milk and eggs were given. There was soon a marked improvement in her condition; the nausea and epigastric pain left; her headache which had been continuous, was much diminished in intensity, and lasted but a few hours in the morning. The amount of œdema was also less, but it did not altogether disappear; the urine was increased in quantity, and the amount of albumen diminished. Although these dangerous symptoms did not altogether disappear, she felt quite comfortable, and performed her household duties until she was confined, six weeks later.

She was attended during labor by a midwife, the labor being in every way normal, and she made a very rapid recovery. The œdema of the ankles never reappeared after she quitted her bed, and within a month after delivery, no trace of albumen could be discovered in the urine.

If the patient be not seen until after the convulsions have come on, the first duty of the attendant is to counteract the effects of the poison on the nerve centers. For this purpose chloroform or ether by inhalation, and morphia hypodermically are the most reliable remedies.

Lonnis, I believe, was the first to use morphia in large doses in uræmic convulsions. He says: "The most uniform effect of morphia in uræmic convulsions is first, to arrest muscular spasm by counteracting the effect of the uræmic poison on the nerve centers; second, to establish profuse diaphoresis; and third, to facilitate the action of cathartics and diaretics, especially the diuretic action of digitalis.

Morphia should be immediately administered, $\frac{1}{4}$ to $\frac{1}{2}$ grain hypodermically, repeating every two or three hours until the convulsions are controlled. If the convulsions recur at shorter intervals, the injections should be given after each convulsion. Anæsthetics may be used during the convulsion, but should be withheld during the tonic spasm, as there is danger from suffocation during this stage. After overcoming the effects of the poison on the nerve centers, the next indication is to remove retained excrementitious substance from the blood. As soon as the patient is able to swallow, a hydrogogue cathartic should be given, also digitalis, in full doses, often repeated, until the kidneys perform their function. The morphia injections usually produce profuse diaphoresis, but if this effect is not attained, a hot air bath may be given.

Should labor come on during this time, chloroform should be freely administered, to prevent the recurrence of convulsions, and if everything goes on well, the labor may be left to nature. If, however, the convulsions come on more frequently, as soon as the os is well dilated, the forceps should be applied and the child delivered as soon as possible.

When labor does not come on, and the convulsions can be controlled by the means indicated, it is best to let the patient go on to full term, or at least not to bring on labor until her condition can be improved. Usually her condition can be much improved, so that the chances of recovery for both mother and child, are much better.

When, however, the frequency and intensity of the convulsions cannot be abated by any means, so that the lives of both mother and child are in great danger, labor should be brought on as soon as possible.

After labor, the patient must be carefully guarded against exposure, and her recovery assisted by good, nutritious food, and good hygienic surroundings.

CORRESPONDENCE.

IOWA STATE BOARD MEDICAL EXAMINERS.

OFFICE OF THE SECRETARY,
DES MOINES, MARCH 21, 1887. }

F. E. Cruttenden, M. D.—

EDITOR IOWA STATE MEDICAL REPORTER: *Dear Doctor*—Now the penalties for violating the late medical practice act are in force and as is well known there are parties who are defiantly ignoring the law it has been intimated that there should be some prosecutions instituted here at the Capital, and that the Board of Examiners should apply some of their receipts from applicants for certificates, in the employment of counsel, and the prosecution of violators of the law. Let me say to the dear doctors and others throughout the State that if there were thousands of dollars left, the law requires all the surplus after deducting the actual and necessary expenses of the Board *to be "turned over to the State treasurer."* It must be borne in mind too that the Board under the law is a permanent institution, that however meagre the receipts in the future may be the Board must incur expenses for postage, stationery, and Secretary's services besides holding *at least* two meetings annually.

The entire receipts thus far have been \$5,752.00

There has been paid out

Printing.....	\$673.20
Postage.....	120.40
Clerical	475.00
Miscellaneous office.....	76.25
Per Diem and mileage and necessary expenses of the Board (paid)	\$4,407.15

\$5,752.00 \$5,752.00

Amount of expenses of the Board including per diem mileage and necessary expenses as audited and al- lowed by the finance committee.....	\$5,856.24
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Leaving a balance due the Board of \$1,449.09, and an empty treasury !

This per diem-mileage and hotel bills represents visits by the entire board, eight members, as required by statute, to Dubuque, Mason City, Ft. Dodge, Sioux City, Council Bluffs, Davenport, Cedar Rapids, Burlington, Ottumwa and Creston, with a two days' session at each place, and also six sessions of the Board at Des Moines.

Now Mr. Editor with this showing, should the profession of which we are members expect the Board to contribute *as a Board* to the conviction of violators of the law. Let me say in conclusion if the profession wish to "chip in" and send you or any one they may designate a contribution toward enforcing the law every member of the Board as a member of the profession will contribute his mite like a little man. It might not be amiss to state that one member of the Board has already paid out of his own pocket \$25 to fee a lawyer who successfully prosecuted a violator of the law.

J. F. KENNEDY, M. D.

REPORTS OF CLINICS.

REPORT OF SURGICAL CLINIC, MEDICAL DEPARTMENT, STATE UNIVERSITY.

DR. W. F. PECK, PROF. OF SURGERY AND CLINICAL SURGERY, AND DR. R.
W. HILL, ASSISTANT TO CHAIR OF SURGERY.

CLINIC No. 10—JANUARY 14, 1887.

CASE 71, L. R. C. American. Aet. 11, male. Two years ago, while playing, he fell, striking a piece of glass. This produced an incised wound below the patella, which was sewed up and soon healed. A few weeks after this he was playing in the snow and is supposed to have taken cold. At any rate he suffered from an attack of suppurative synovitis. When recovery took place, it was found that his leg was ankylosed in a slightly flexed position, and that there was a slight amount of eversion of the leg, due to the separation or destruction of the internal lateral ligament. The question we must ask ourselves is, can we better the boy's condi-

tion, and what would be the character of the improvement? Would it be merely a change from the semi-flexion of the limb to one more nearly approaching a straight limb, or might we give him some motion? We certainly can give him a better leg than he has now, and we may possibly give him a reasonably useful joint. To accomplish this it will be necessary to break up the existing adhesions (doing this after he is under the influence of an anæsthetic) and then subsequently practice daily motion. Deferred.

CASE 72, L. C. Aet. 6, German, male. He has had a congenital talipes varus of both feet and has had an operation, which has been successful in the case of his left foot, but the right foot has not improved. The boy walks on the articular surface of the astragalus. The flexors are considerably contracted, and their tendons should be subdivided subcutaneously. After the operation he should wear a shoe so constructed as to hold the foot in its proper position. This shoe must be worn night and day. He will have measurements of the foot and leg made, and a proper shoe and apparatus will be sent for. Upon arrival of this we will perform the operation.

CASE 73, L. S. Aet. 36, American, female. Present trouble began seven years ago, at which time she began to suffer from a sore throat. Afterwards an ulceration of nares took place, resulting in a complete destruction of the soft tissues and cartilage of nares. The bones seem to be in normal condition.

We will advise her to obtain an artificial nose from the instrument maker. To arrest any further pathological changes we would give her potassium iodide internally.

CASE 74, J. G. D. Aet. 67. Male, American, farmer. Eight years ago while working in a stone quarry, a piece of steel from a chisel struck him one half inch below the inner canthus of the right eye. It healed, leaving a small elevation the size of a pin head. Two years afterward he was injured in the same place by a blow from a stick of wood, the injury resulting in an ulceration. This finally healed up, but from time to time scale like particles would disengage themselves from the growth, and at times it would bleed, and it also began to enlarge in size. He occasionally notices a sharp stinging pain. The growth itself covers an area equal to that of a silver dime, and is elevated one-fourth inch above

the healthy integument. It is an epithelioma and was excised. The wound was closed by five silk sutures, iodoform sprinkled over it, and a pad of cotton, and a flannel bandage applied.

Jan. 21. He has done well, there was union by first intention, stitches were taken out on the fifth day. There was considerable tumefaction of the loose tissues of the eyelids.

CASE 74, Mrs. B., American. Aet. 58, married. Last September she had her right mammary gland excised, because of its being the seat of a malignant growth. The growth was completely excised at the time, but there must have been left a few of the spindle cells in the lymph spaces, and these were stopped in the glands of the axilla, and she now has a re-appearance of the cancer in the axillary glands, the cicatrix from the original operation is not involved. She was brought under the influence of ether, two incisions, nine inches in length, on either side of the cicatrix an inch and a half apart, including the whole of it, and extending to the apex of the axillary regim, were made, the included skin and fascia was dissected up, and all the enlarged glands were removed, several of them being uncomfortably close to the axillary vein. The wound was closed by silk sutures, an opening left in the axilla for drainage purposes, iodoform sprinkled in and on the wound, strips of old muslin packed in the part left open for drainage purposes, a pad applied over the whole wound and a bandage applied.

The patient rallied from the shock of the operation, but did not have sufficiently strong constitution to go on to recovery. The pulse from the first was very frequent and weak, and often repeated doses of digitalis failed to bring it down. She began to sink on the sixth day, and died at 11:30 P. M., on the twentieth.

SOCIETY REPORTS.

SCOTT COUNTY MEDICAL SOCIETY.

JANUARY 6, 1887.

Annual meeting. Pres. Dr. Braunlich in the chair. Members present, Drs. Allen, Braunlich, Crawford, McCowen, Nichols, Preston, Tom-

son. Minutes last meeting read and approved. Election of officers for 1887. Dr. Allen was elected president, Dr. Nichols was elected vice-president, Dr. Crawford was elected secretary, Dr. McCowen was elected treasurer.

Dr. Allen, the newly elected president, was escorted to the chair.

Dr. Braunlich, the retiring president read a profitable paper on "Puerperal Eclampsia."

The paper was received, and, after discussion, ordered to be sent to IOWA STATE MEDICAL REPORTER for publication.

Dr. Tomson gave written notice asking that the constitution be so changed that the regular monthly meeting may be held on the first Wednesday evening of the month instead of Thursday evening, as heretofore.

Bill of \$6.50 for rent was presented and allowed.

It was moved and carried that an assessment of \$1 per member be made in order to meet the demands upon the treasury.

It was moved and carried that Dr. Nichols serve as a committee to report the prevailing contagious diseases of the city during the year.

It was moved and carried that Dr. Preston report the advances made in medical literature, and call the attention of the society to such new interesting matter in that line as he may deem profitable.

On motion adjourned.

J. P. CRAWFORD,
Secretary.

OBITUARY.

H. C. HUNTSMAN, M. D., OSKALOOSA.

BY WOODS HUTCHINSON, M. D., DES MOINES, IOWA.

(Continued from last issue.)

"He remained there until 1860, when he went to Colorado, locating at Leadville, where he was elected judge of the miner's court. The rebellion breaking out, he was offered by Gov. Gilpin the position of surgeon of the First Colorado regiment. Declining this, he returned to Iowa and

was by the governor appointed first assistant surgeon of the Fifth Iowa volunteer infantry. He joined his regiment at Shiloh and commenced active work. In August, 1863, he was appointed surgeon of U. S. volunteers, and in the following spring was assigned as examining surgeon of recruits from the south. He was subsequently sent to Black River, Mississippi, in connection with the Bureau of Exchange and Parole, and while there examined all the federal soldiers who were blown up on the steamer Sultana near Memphis, Tennessee. In the spring of 1865, he tendered his resignation but it was not accepted. He was, therefore, appointed to take charge of, dispose of, and account to the Quartermaster's department for all hospital and medical supplies of regimental surgeons going out of the service in the department of the Mississippi, from which position he was relieved when discharged from the service in June, 1866. •

“Returning to Iowa he at once located in Oskaloosa, where he again devoted himself to his profession and enjoyed a large and lucrative practice. In addition to his general practice he was surgeon of the Chicago, Rock Island & Pacific Railway. He was a member of the National Medical Association, and the State Medical Association, and the Des Moines Valley Medical Association, having been the first president of the last named and also president of the State society. He was also a member of the Board of Regents of the State University at Iowa City. Not content with a knowledge of the older authorities, he was a constant reader of the modern authors and kept fully abreast of the age, few men being better posted than he. His politics were Republican and had been since the birth of that party.”

Dr. Huntsman's life is a striking illustration of what may be accomplished by pluck, brains and invincible determination and is a refreshing inspiration to all who are engaged in a manly struggle for a name and place in the world. From farm laborer to president of the State Medical Society; from cook on a lake schooner to regent of the State University, his promotion was won by sheer force of merit backed by indomitable perseverance. His whole history is a living embodiment of Buffon's statement that “genius is industry.” Noted as he was for the keenness and force of his intellect, the lofty integrity of his personal life and his high sense of professional honor, it was his inflexible determination and resolute will that distinguished him from his fellows and formed the

peculiar characteristic of the man. Whatever he undertook he would accomplish or strain every nerve and muscle to the utmost limit of endurance. This was especially noticeable in the discharge of his professional duties. Only a few years ago when the hardships of his early life and the noble, earnest work of his manhood years had already silvered his hair and furrowed his brow, his colleague, Dr. Page, of New Sharon, called him in haste one night to counsel with him in a case of difficult labor seven miles out of town. It was a dark, stormy winter's night, just at the close of a heavy storm of sleet and the roads were one vast glare of ice but the doctor started at once and had succeeded in traversing nearly half the distance when his horse, which had had great difficulty in keeping its feet, fell and so seriously injuring itself that it was out of the question to force it any further. Instead of yielding to the apparently inevitable, the doctor left his horse at the nearest farm-house and actually struggled along the remainder of the distance on foot, through the storm and darkness over the icy roads, and when his services were no longer required bravely set out on his return in the same manner. This is but a slight illustration of the spirit which marked his whole career. He was an ardent supporter of the Code of Ethics and took every opportunity to impress its teachings upon his students and juniors in the profession, a most vigorous and consistent advocate of a higher standard of medical education and in the highest sense of the term a man of broad progressive tendencies, and one who kept himself thoroughly abreast of the times. His loss will be keenly felt by the profession throughout the state, but his memory will remain to us a priceless legacy and a perpetual inspiration.

STATE NEWS.

STATE OF IOWA	{	Before Isaac Matthews, J. P.
vs.		Mendon Township, Clayton
CHARLOTTE POST		County, Iowa.

On the twenty-second day of February, 1887, the attention of the county attorney having been called to the fact that Mrs. Charlotte Post was practicing and professing to heal and cure the sick by the means adopted by the school of Christian Science healers.

The county attorney proposed to make a test case and thereupon filed a complaint charging the defendant with practicing medicine without having complied with the provisions of Chapter 104, laws of the Twenty-first General Assembly * * * Contrary to the statute, etc. To this charge the defendant plead not guilty, and the case continued.

On the first day of March, 1887, a jury was impaneled and the case tried and submitted; the jury disagreed, four being for conviction and two for acquittal.

On the fourth day of March another jury was impaneled and the case again tried and submitted, the jury found the defendant guilty and the court fined the defendant \$50 and costs. From this judgment defendant took an appeal to the District Court.

The county attorney feels confident that he can convict the defendant in the District Court and get the case up for a decision in the June term of the Supreme Court.

During the trial there seemed to be a determination upon the part of the witnesses (all of whom were the patients or friends of the defendant) to evade the facts and to carry the idea that the defendant was doing nothing.

But a close examination developed the following facts:

That defendant came to McGregor to receive and treat patients. That she charged \$2.00 for first treatment and \$1.00 for each additional treatment. That she received from ten to thirty patients per day. That the means used was the same as used by the school of Mrs. Eddy, of Boston. That the method of treatment was as follows: The patient either sat in a chair or lay upon a lounge. The defendant sat by the side or behind the patient for fifteen minutes; as to what she done there was a conflict. Some of the patients stated that the defendant prayed for their recovery, others said she did nothing but sit near them for fifteen minutes.

The defense relied upon two points. 1st, that section 8, of chapter 104, so far as it related to the case at bar to wit:

"Any person shall be deemed as practicing medicine * * * or a physician within the meaning of this act * * * who shall publicly profess to cure or heal by any means whatsoever" was unconstitutional and void. Second, that it was not shown that the defendant used any means whatsoever.

The prosecution urged that a jury in a justice's court was not the proper tribunal to decide the constitutional question but must accept the law as their guide; second, that the means the defendant professed to use was proven to be the means adopted by the school of Mrs. Eddy for which the defendant charged a fee.

The jurymen were all friendly to the defendant and disliked very much to sit as jurors in the case. But when the law and the evidence was submitted to them as all honorable men would do they performed their sworn duty impartially and without fear or favor. They did not find a verdict "diametrically opposed to the law and the evidence."

They did not render "a verdict in contempt of the law."

The assertion of the *Medical Liberator* "that Bro. Kelly, six jurors a justice and a big attorney could crawl through that snare shows the elasticity of the net when handled by honest men and the stretch other jurors are likely to make" does not seem to be prophetic. It was simply bombast from a dishonest heart. The editor of the *Medical Liberator* well knows that when he says, in speaking of the Kelley case "justice ruled the jury and wrought a verdict in contempt of the law" that he in substance says the jury violated their oaths as jurymen and yet he compliments the jury as honest men who rendered a verdict "diametrically opposed to the law and the evidence."

R. QUIGLEY, *County Attorney.*

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* *

THE MORTUARY record for Burlington for February shows twenty-four deaths, ten of whom were males and fourteen females. Analyzing the cause of death, we find two deaths from accident, eight from pulmonary troubles, one from diphtheria, diseases of the nervous system, four, from malignant growths, two, still born, one, diseases of the abdominal organs not already included, two, apoplexy, three, croup, one.

MEDICAL LAWS OF INDIANA.

SECTION 1. *Be it enacted by the General Assembly of the State of Indiana,* That it shall be unlawful for any person to practice medicine, surgery or obstetrics in this State without first obtaining a license so to do, as hereinafter provided.

2. Any person desiring to practice medicine, surgery or obstetrics in this State shall procure from the clerk of the Circuit Court of the county

wherein he or she desires to practice, a license so to do, which license shall be issued to such person only when he or she shall have complied with the following conditions, to wit: When such applicant shall file with such clerk his or her affidavit, and the affidavits of two freeholders or householders of the county, stating that such applicant has regularly graduated in some reputable medical college, and shall exhibit to such clerk the diploma held by such applicant; or when such applicant shall file with such clerk his or her affidavit stating that he or she has resided and practiced medicine, surgery and obstetrics in this State, continuously, for ten years immediately preceding the date of the taking effect of this act; or when such applicant shall file with such clerk his or her affidavit stating that he or she has resided and practiced medicine, surgery and obstetrics in this State, continuously, for three years immediately preceding the date of the taking effect of this act, and had, prior to said date, attended one full course of lectures in some reputable medical college. Such applicant shall pay to such clerk, for such license, the sum of one dollar and fifty cents, and such clerk shall record such license, together with the name of the college in which such applicant graduated and the date of his or her diploma, in a book to be kept for such purpose, and which shall be a public record.

3. Any clerk who shall issue a license to practice medicine, surgery or obstetrics to any person who has not complied with the requirements of Section 2 of this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined in any sum not less than twenty-five dollars, nor more than one hundred dollars, and such license, or one procured by any false affidavit, shall be deemed and held to be void.

4. Any person who shall practice medicine, surgery or obstetrics in this State, without having first procured from the clerk of the Circuit Court of the county wherein he or she shall so practice, a license, as provided in this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined in any sum not less than ten dollars, nor more than two hundred dollars: *Provided*, That this act shall not be deemed to prohibit women from practicing obstetrics, and such midwives are hereby expressly exempted from its provisions.

5. No cause of action shall lie in favor of any person for services as physician, surgeon or obstetrician, who had not prior to the rendition of such services, procured a license to practice, as herein provided for, and any person who shall pay any sum of money or deliver any property for any such services to any person who is not so licensed, may recover the same, or the value thereof, in any court of competent jurisdiction in this state.

6. The following shall be the form of this act: The clerks of the Circuit Courts shall appropriately fill up the blanks, and issue the same under the seal of their respective courts, to wit: The State of Indiana, _____ County, ss: I, _____, Clerk of the Circuit Court of _____, in said State, do hereby certify that _____ has complied with the laws of the State of Indiana relating to the practice of medicine, surgery and obstetrics and is hereby authorized to practice medicine, surgery and ob-

stetries in said county. Witness my hand and the seal of said court, this _____ day of _____, 18—. _____, Clerk.

7. This act shall take effect and be in force from and after the first day of September, 1885.

NOTICE.

To the Physicians of Iowa:

Please send to this office the full name and post-office of every midwife practicing in your locality.

J. F. KENNEDY, M. D.,
Secretary State Board of Health.

THE DIETETIC ANNUAL for 1887, by Wells, Richardson & Co., of Burlington, Vermont, contains a condensation of common sense on diet. It also contains an analysis of Lactated Foods, with a long list of testimonials from those who have used Wells, Richardson & Co.'s Lactated Food.

PHYSICIANS AND DENTISTS LIFE INSURANCE ASSOCIATION—Incomparably the most practicable, economical, and safest plan ever offered. *Chief features.* 1st—Not a dollar of the Benefit Fund goes into the hands of the Association, A National Bank is made Trustee, in which the members deposit direct. 2d—An *Individual Surplus Fund* for the protection of *each separate policy*. 3d—A *Special Guarantee Fund* to protect, solidify and make permanent the organization. Correspondence and investigation invited. *Special inducements to all applicants up to July 1st.* Address.

W. G. FARRAR, *Secretary.*

Royal Insurance Building, Chicago, Ill.

Editorial crowded out of this issue.

The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

DES MOINES, IOWA, APRIL, 1887.

NO. 7.

ORIGINAL ARTICLES.

BELLADONNA IN THE TREATMENT OF DIPHTHERIA.

BY S. W. MOOREHEAD, M. D., KEOKUK, IOWA.

It is no part of my present purpose to discuss the general treatment of diphtheria. That has been done so often of late in medical journals and elsewhere that there is no need at this time for repetition of general and well recognized facts. In our local society here in Keokuk, for instance, it was the chief topic at each successive semi-monthly meeting during the greater part of the winter. And in other localities where there have been outbreaks of the dread disease, the subject has also received a generous share of attention, if the articles published from time to time be any criterion. But from the large list of remedies recommended as useful by various recent contributors there is, so far as personal observation goes, entire absence of one which would seem to be specially indicated, from the standpoint of its physiological effects. Reference is had to belladonna, which from its known action ought to be, and as a matter of fact is, a potent agent in controlling one of the most formidable pathological conditions of the disease.

Whatever views may be held respecting its etiology, the disease has as its anatomical characteristic, an inflammatory process with fibrinous exudation, the latter forming a false membrane which is thrown off after a period varying from four to ten or more days. In the vast majority of

cases the primary situation is in the fauces, but it often extends to the mouth and nares, larynx, trachea, and bronchi. At the same time the sub-maxillary and cervical glands are generally inflamed. In the treatment of the disease it is desirable, among other things, to limit the pseudo membranous formation as much as possible, inasmuch as its development in, or extension to, the larynx is quite apt to result fatally. Most of the therapeutic measures in vogue at the present time have for their object the removal of the false membrane, after it has been formed. Without questioning the value of these, it will no doubt be conceded that an agent capable of lessening the amount of such membrane in the first place, is particularly indicated.

The material of which the false membrane is composed exudes from the blood vessels into the lymph spaces in the tissues, and there solidifies. The lymphatic glands also in the neighborhood become œdematous from the accumulation of lymph. Now belladonna has a marked effect on the amount of fluid poured out from the vessels. This fact is quite generally recognized as regards simple inflammations of the air passages, and the remedy is frequently used with gratifying results in acute nasal catarrh, with profuse watery secretion, and in ordinary sore throat. But in the specific inflammation of diphtheria its value is in too many cases strangely overlooked. The power of belladonna to control the exudation of lymph, as well as watery secretion, is admirably shown by Brunton's experiment with the drug on the sub-maxillary gland. He found by injecting a solution of quinine into the duct of the gland and thus destroying its secreting power, and afterwards irritating the chorda tympani, that the lymph poured out from the vessels would accumulate in the gland and render it œdematous; but if atropine be administered, the gland does not become œdematous when the chorda tympani is stimulated,—“although the blood vessels to it are dilated and its power of secretion is completely destroyed.” It might be supposed that the gland did not become œdematous because the lymph, although not used up by the gland, had been carried away by the cervical lymphatics. But this is not the case, for another observer has found that the flow of cervical lymph is not increased under such circumstances. Hence it would appear that atropine not only paralyzes the secreting fibers of the chorda, but also acts upon the vessels in such a manner as to greatly diminish or

prevent the exudation which would otherwise take place from them into the lymph spaces.

In the case of diphtheretic inflammation, if the amount of exudation into the lymph spaces be lessened, the amount of resulting false membrane will be correspondingly small. Of course, to be of value in such cases the remedy should be given early, before exudation has taken place. It has no power, so far as known, over the exudative material outside of the blood vessels. The utility of belladonna in diphtheria lies in the control it has over the blood vessels in lessening or preventing the passage of exudative material through their walls. To give it after the exudation has taken place would be equivalent to locking the stable door after the horse had been stolen. Its administration should be commenced at the beginning of the disease, if possible, and should be continued as long as the tendency to the formation of false membrane persists. The quantity of the drug used should be sufficient to develop its physiological effects. From one to five minims of the tincture, according to age, every two or three hours are usually sufficient—the latter the dose for an adult. When the effects accumulate sufficiently to dilate the pupils perceptibly, the dose should either be diminished or given at longer intervals. Belladonna will be found useful also, in such cases by counteracting the marked depression present in most instances. This it does by stimulating the respiratory and vasomotor centers in the medulla, and paralyzing the intra-cardiac inhibitory apparatus.

It is not recommended that Belladonna be relied upon exclusively in the treatment of diphtheria. The formation of a false membrane is only one feature of the disease. The known physiological action of the drug, however, makes it capable of being a valuable agent, in the hands of intelligent practitioners, and such, if they are not using it, would do well to add it to the means they already employ in combating one of the most dangerous maladies with which they have to deal.

CONGENITAL HERNIA WITHOUT THE TRUSS.

BY W. S. FRANKLIN, M. D., DES MOINES, IOWA.

Accouched Mrs. B., *primpara*, Nov. 29, 1872, at full term of gestation, Neonat, a girl, 8½ pounds. Labor natural, on a vertex left presentation.

Pelvis of mother perfect as to diameters. She had a satisfactory *lie in*; and was up, well, as soon as permitted, which was on the ninth day. Babe did its work squarely—sucked, defecated—cried and urinated, and slept and awoke perfectly; case forgotten.

January 25, 1873. Mr. B. called to inquire of me as to “baby,” stating that “it had a lump between its legs; that they could not understand,” and which he could not explain; but invited me to call and see for myself. I found the left major labium elevated above the pubes, and extending back to the margin of the *anus*, and as large as the adult finger, but of natural color, free from pain or tenderness, or anything like inflammation. It occupied and filled up the natural *sulcus* formed by the plump little thighs. I took it between my thumb and fingers and it gurgled quite audibly. I elevated the feet and lowered the abdomen, and it gurgled, while the tumor disappeared into the belly. When I depressed the pelvis and raised the thorax, it gurgled back into the labium. The mother gasped, “What is it, Doctor?” I answered, a *hernia*. It is what we call congenital hernia, that is the child’s abdomen was not yet closed up at birth as it might have been, and a portion of bowel tumbles into the chasm when you elevate the body. “Oh, my,” she exclaimed, “can you do anything for it?” I guess so, we answered, and we sat down and conversed, while I ruminated the subject mentally to this conclusion. You are too little to wear a truss, and too young to be up and around, and tender enough to retain the *dorsal decubitus*. Your plastic deposits are active and excessive, while your abdominal wall is unfinished, and when you were in *utero*, you were suspended head down until your anquinal region should have closed, but it failed to do so, so that we are called, professionally, to finish the job *ex-utero*.

The mother was an intelligent, educated lady, and I said to her, madam, if you will do your part I guess we can repair the lesion without the torture of the truss, or any of its uncertainties. “Well, what shall we do?” was her quick demand. “I will do my part, Doctor.” Then place it on a horizontal pillow, and be sure you do not raise her head any higher than her hips until she is old and strong enough to get up herself, and by that time, the bowel being kept out of the rent, it will be healed up, and she will be all right. “How long will it take?” she inquired. Oh, four or five months, I responded. “Oh! how can she suck?” she

demanded. Put your arm under the pillow and bring it up horizontally, and so hold it to its fountain *vitalis*, or lean over it while it sucks. And when you dress or change it, raise its heels as high as you please, but its head never. If you do the bowel will re-open the rupture, and spoil that job. "That will be a terrible task," she complained. But you have a desperate case on your hands, and unless you persevere in your part of the program, you fail and your little girl will be a pitiable cripple. This made her strong, and I saw the woman flash from her face, and knew she would do it. And she did, and at six months' old her infant's hernia was completely cured, while the mother's satisfaction was unbounded. At three years I examined the case and found it still perfect.

Gentlemen of the profession, this case satisfies me that this treatment will easily dispose of congenital hernia without the torture of the truss, or any other external appliance or contrivance.

Respectfully submitted.

CORRESPONDENCE.

VITAL STATISTICS.

DAVENPORT, IOWA, March 12, 1887.

EDITOR REPORTER:—With your permission I would like to say a word concerning the "Revised Nomenclature of Causes of Death," which I, in common, I suppose, with all registered physicians and mid-wives in the state, have recently received from the State Board of Health. And first let me say that I am fully in sympathy with the work of the Board, and recognize the very great importance attaching to vital statistics.

In his accompanying appeal for fuller and more accurate returns, the secretary asks: "Is it too much for this Board to expect that every licensed physician and mid-wife in Iowa, will, in the future, make full and reliable reports of births and deaths?" Surely everyone ought to endeavor to do so. But, granting the duty acknowledged and the effort honestly made, the best obtainable results can only be reached when the work is made as simple and definite as may be. Has this been done in the document sent out? Is it not rather an imperfect nosological table than a practical working list of the actual causes of death? Is "vomit-

ing" for example, or "cyanosis" a cause of death? Are they not rather, themselves caused by various, perhaps fatal ailments? Do "conjunctivitis," "varix," "ligature," "fatty tumor," or "uterine displacement," kill, save remotely? When a patient bleeds to death from whatever cause, why not credit hemorrhage, and specify the occasion? Why not group strangulation, imagination, impaction, as sub-headings under intestinal obstruction? If it seems desirable to class "ulcer" and "abscess" as fatal affections, as well as the "pyæmia" and "anæmia" to which they give rise, why repeat them for every part of the system, instead of naming them but once, with appropriate sub-specifications?

What I wish to say is that, apparently, a much simpler and better working list might have been sent out; one which would secure fuller and very much more reliable returns. Would it not be desirable, also, to require with each certificate, or at least with such as ascribe death to some visceral affection, a statement as to whether or not it is based on post mortem examination?

The importance of accurate vital statistics to sanitary science can hardly be over estimated. Of course we cannot expect more than approximate accuracy at the best, but whatever will tend to render them more so is worthy of careful consideration, as are, also, methods of making them useful when obtained. In looking over the record of burial permits in this city, I have often wondered if it could not be made somebody's duty to investigate, and if need be, file information in those not infrequent *suspicious cases* where no rational cause of death is assigned, and no registered physician's signature appended. As it is at present, with no provision whatever for question or investigation, I very much doubt whether the law requiring returns of the causes of death has any appreciable effect in preventing crime, whether by abortion, infanticide, or other criminal act or neglect. The return is buried, from the time of its receipt, as securely as the earth-covered body of the dead. This certainly ought not to be the case, but just how to remedy the defect, I am not prepared to suggest. It may not prove an easier task than to propose a method, in this non-christening country, for obtaining the given name in returns of births, which at present is done in but a small proportion of cases, and without which the returns lose very much of their value.

Truly etc.,

C. H. PRESTON.

LETTER FROM MARSHALLTOWN.

EDITOR IOWA STATE MEDICAL REPORTER:—In response to your request to furnish you with some of the facts pertaining to the existence of diphtheria, in Marshalltown during the past winter, I submit the following.

There were reported during the year 1886, ninety-one cases of diphtheria. In some instances through misunderstanding or neglect, reports were made of the existence of the disease but once in the same family, even though cases subsequent to the first one occurred, and in this manner, no doubt some cases were not reported, it is possible that some of the cases reported as diphtheria, were only cases of ulcerated tonsilitis. It is safe, however, to estimate that there occurred during 1886, something like one hundred cases of diphtheria. There were reported deaths, caused by diphtheria, during 1886, forty-one, as follows:

Jan.—1 male, age 4 years.

Feb.—1 male, “ 1 “

March—1 female, age 7 yrs.

July—1 female, age 3 yrs.

Aug.—males, 3, age 1, 1, and 10 yrs; 1 female, age 6 yrs.

Sept.—males, 4, age 7, 7, 8 and 10 yrs; 3 females, age 10 mo., 2 and 2 yrs.

Oct.—males, 7, age 1, 2, 3, 3, 5, 8 and 9 yrs; female, 6, age 1, 3, 3, 3, 6, 6 yrs.

Nov.—male, 2, aged 3 and 12 yrs; female, 5 age 8 mo., 2, 4, 4, 4, yrs.

Dec.—males, 2, age 3 and 5 yrs; females, 4, age 1, 2, 7, 9 yrs.

Total, males, 20; females, 21.

Average age of male, about 5 yrs and 2 months; average age of female about 3 yrs and 8 months.

The difference in the average age as between male and female being about 1 yr and 8 months. Males the oldest.

It will be seen by the table that nineteen males and twenty-two females perished, the average age of males being about 5 years; that of females being about 4 yrs. It will also be seen by table that of those who died, only about one third, or $33\frac{1}{3}$ per cent were school children. It will be further seen by table that the disease increased in August, and maximum in October, and diminished again in November and

December, in about the same ratio as it had increased in August and September. Various questions suggest themselves as regards the abatement of the disease among them. Did we find an obstructed sewer? Did we find an impure water supply? Did we close our public schools? No, we found nothing, changed nothing, and did not close our schools. The disease seemed to come with the winds and vanished with them. Had we made notable changes in water supply or sewage, or closed our schools at a moment when the disease was at its maximum, and the abatement then occurred, which did occur from unknown causes, all interested would have been unanimous in declaring that the cause of the disease in this locality had been found and removed. During a given week in October, occurred the greatest number of cases and the largest fatality, and during the week following, there were reported only a very few cases, so striking was this. I remember remarking to a member of the school board: Mr. — if you had closed the schools Friday last, with a view of breaking up the diphtheria, and not yet reopened, (a week later) all the town would have been unanimous in declaring that you had done *just* the right thing to arrest the disease.

For a time it seemed the cause of the disease existed in well water, all cases occurring in families who used well water, when, however, cases occurred in families who were using river water, this idea was promptly abandoned. What caused the disease and what abated it are questions of interest. We understand that the disease is, when once developed, easily communicated to other individuals by direct contact mainly through respiratory passages, but inasmuch as our schools were not closed, this possible (not probable) source of communication was not and is not now removed.

Our hygienic surroundings, waters, sewage, &c., &c., except as affected by frost, remain the same, and yet the disease has substantially vanished from our midst. What then has caused the disease among us? Diphtheria is classed as among the diseases due to faulty hygienic surroundings or filth. My own explanation of the matter is that in filth exists and may be found a factor in the development of diphtheria, but that in order to develop the disease, or to have it maintained, there must exist certain atmospheric influences which, coupled with tangible impurities, develop the disease, but that the disease is not and can not be developed by either of these factors alone.

H. L. GETZ, M. D.

QUERIES.

Even if it is an admitted truth that the microscope reveals no difference in the appearance of the white corpuscle and a pus corpuscle, as the white corpuscle is known to be physiological, and the pus corpuscle *believed* to be pathological, their functions being probably different, is it not illogical to believe them identical? May there not be some important change in their molecular structure?

Is the elevation of temperature in fever the result of accelerated motion of the molecules, and is the abnormal motion of the molecules dependant upon a *nascent* desire of the molecules, or to remove by over action a material substance—unknown in kind—from the organism; or is the rise in temperature due to friction of molecule with molecule or with some inter-molecular substance in obedience alone to the laws of matter?

What is the present status and outlook of the doctrine of the localization of the lesion of disease in the brain?

I have, beyond a doubt, cured a case of albuminaria, accompanied with general anasarca, with the *bromide of potassium* and a diet of skimmed milk.

A. B. C.

REPORTS OF CLINICS.

REPORT OF SURGICAL CLINIC, MEDICAL DEPARTMENT, STATE UNIVERSITY.

DR. W. F. PECK, PROF. OF SURGERY AND CLINICAL SURGERY, AND DR. R.
W. HILL, ASSISTANT TO CHAIR OF SURGERY.

CLINIC No. 11—JANUARY 28, 1887.

CASE No. 75.—M. B., female, æt. 44, American, married. Three years ago the left breast was amputated for cancer. The lower extremity of the wound made at that time has never healed, and latterly there have appeared in the axilla some hard lumps which occasionally are painful. They were of slow growth. At the lower border of the pectoral muscles there is an enlargement the size of a pigeon's egg, also

another lump a little further up and under the muscles. The enlargement is merely lymphatic, and there is no infiltration of neighboring tissue. It is a very favorable case for operation. The cases of recurrence require much more care than do cases of primary cancer. After the patient was brought under the influence of an anæsthetic, an incision was made one and one-fourth inches in length at the lower border of the pectoral muscles, at about the fourth or fifth rib, and at right angles to cicatrix from former operations ; another incision was made so that it, with the preceding, encompassed the ulcerating tissue and all was dissected up. Another incision, one inch long, was made in anterior part of axilla and several large glands were removed. Another incision was made one inch in length, and under acromial extremity of clavicle, and an enlarged gland removed from that locality. In the first operation the edges of the wound were brought together with silk sutures, iodoform sprinkled over it and a pad of old muslin placed over it. The other two had iodoform sprinkled into them, were packed with old muslin and then partially sewed up, care being taken that there was sufficient opening for drainage.

February 4th. Patient is doing well. Wound is granulating.

CASE No. 76.—A. R. M., æt. 36, male, American, mechanic. For eight years he has had bleeding piles, and latterly he has been unable to follow his business on account of the pain in connection with these tumors. They have not bled for six months, but whenever he strains at stool the piles protrude, causing so much pain that he almost faints. He suffers most from constipation. Lifting or stooping gives him much pain.

He has internal piles, which, as you know, are composed of highly vascular tissue, the mucous membrane and submucous tissue of the rectum being involved, with enlarged arteries and veins. From the bright red hue of those tumors we should imagine that the arterial element predominated.

The internal piles are slow of growth, usually first attracting attention by the bleeding. Whatever tends to retard the flow of blood from the hemorrhoidal veins aggravates the disease, irritation of the rectum acts in the same manner. Patient is now under the influence of an anæsthetic, and by means of two retractors we keep the anus open sufficiently so that we can grasp the pile tumors with proper forceps, draw them out and

separate the individual piles from the mucous and submucous tissue by a sufficiently deep incision, about each one a double ligature is passed and tied tightly. In this way five tumors were treated and returned.

He will have administered to him a full opiate, his bowels to be kept confined for several days, after which a dose of castor oil will be given him so as to give him a free and easy passage.

February 4th. The tumors are sloughing away nicely, and patient is quite comfortable. His bowels have been kept closed by opiates.

CASE No. 77.—E. T., male, æt. 5 months, American, double hair lip and cleft palate. Operation deferred till next clinic.

E. B., male, æt. 2, German. His present trouble commenced two years ago; the index finger of the left hand began to swell; an abscess formed; was opened and has been discharging ever since. Not particularly painful. The tissues of the finger are edematous, ulcerating and discharging puss. Necrosis at this age is rare, unless there is a constitutional cause. Exploration with the probe proves the presence of dead bone. Patient was etherized, the blood driven out of the finger by the Esmarck bandage, a lateral incision made down to the bone and all the necrosed bone removed. The cavity was sprinkled with iodoform and packed with strips of old muslin, a pad put over it and bandages applied.

The child also has an orchitis of the right testicle, which is not so frequent as the orchitis of left testicle. This condition has been present for two weeks. For this use mercurial ointment applied directly to the testicle.

CASE No. 78.—C. D., female, æt. 12, American. She was perfectly well until present trouble came on. In getting over a fence she fell, and as a result had a fracture of the clavicle, probably of the "green stick" variety. It was not until a week afterward that she was taken to a physician who advised them to let it alone, as it was already healing. Shortly after that two tumors were noticed to develope, and they soon coalesced. She has pain of a sharp, shooting character, she sleeps well, appetite and digestion is good. The tumor has a bluish hue, is nodulated and irregular, extends from the right shoulder inwards to the middle of the sternum, downwards as far as the seventh rib, over the shoulder beyond the acromion process as far as the spine of the scapula, and upwards on the neck to within three inches of the right ear. It is immovable, in

some places is soft, in others it is hard and resisting, not particularly sensitive on pressure, temperature is rather higher than rest of body, vascularity is great, there being many large vessels. In the beginning she had a fracture of the right clavicle, and the bones not being reduced, the broken ends produced an irritation of the parts adjacent. As a result of this irritation, sarcoma has developed, containing the various kinds of characteristic cells, the round, spindle and giant cells. The sarcoma develops rapidly and contains a large amount of blood supply. It contains many embryonic cells which do not attain a physiological termination, but stop short of this, becoming some one of the forms of cancer cells. If we operate for the removal of this growth, the hemorrhage will be very great, as it is honey-combed by blood vessels. Any operation would be attended by great danger to the life of the child. It is possible that she would survive, but more probable that she would succumb to the operation. If she goes on without an operation she must die in a few months. But should an operation be made, even though she were to recover from it, the probability of recurrence is very great, in fact almost a certainty.

The father concluded not to have her operated.

CASE NO. 79.—C. L., æt. 25, male, American, farmer. You will all remember this case. We removed from his axilla last fall an immense sarcomatous mass, and we were remarkably successful in removing every palpable trace of the growth. In spite of this he comes back to us with a recurrence in the stump, as well as a tumor the size of an egg over the clavicle. He has much pain of a sharp, shooting character.

We can do him no good any more. Sooner or later the drain upon his system will produce death by exhaustion.

CASE NO. 80.—A. J., æt. 49, male, Norway, farmer. His general health has always been good up to the time the present condition commenced. He now has much pain in the abdominal cavity. We let him take off his coat and shirt, and now as he lays on the table we observe a pulsation communicated to the abdominal wall. This is a very deceptive symptom, and might be supposed to indicate the existence of an aneurism, but it is nothing more than a transmitted pulsation from the abdominal aorta. He has symptoms which seem to refer his troubles to his digestive organs,

but there are no symptoms of ulcer or cancer of the stomach. We will refer him to the medical clinic for treatment.

CASE No. 81.—J. G., æt. 40, female, widow, American. Present trouble began three years ago; at this time she noticed a growth like a wart on the palmar surface of the fourth finger of left hand. At present there are two of them. They are warts. Recommended excision.

A. C., æt. 46, female, Ireland, married. Present trouble commenced a week ago last Monday, and resulted from a fall. In falling she tried to save herself with outstretched hands, and most of her weight seemed to be borne by the left hand and arm. Since this accident she has been unable to use her left arm as freely as she formerly could.

Had to be deferred till next clinic because of lack of time.

CASE 86:—J. M. K., æt. 36. Single. Male. American. In 1881, a wagon wheel passed over his left leg causing a compound, comminuted complicated fracture at the junction of the middle and lower third of the left tibia and fibula. Two fragments of bone, representing a section of the tibia about one and one-half inches in length, were removed by the attending surgeon. Splints were applied, and after ten days a plaster of paris bandage was substituted for them. After four weeks this plaster splint was removed, when it was found that union had not yet taken place, and after some weeks of unsuccessful effort to secure union, by means of repeated applications of the plaster of paris bandage, the attempt was abandoned. There was motion of one and one-half inches, each way, at the seat of non-union. A brace, extending from the hips to the foot, has been worn by the patient, by means of which, assisted by a crutch, he has been able to get about. Patient was told that a re-section of both tibia and fibula could be made, and the end of the bones held in position by silver wire; that this procedure would perhaps result in union or in non-union. The other method suggested was amputation, which was vehemently declined by the patient.

One week later he reappeared, saying he was ready for the re-section. Prof. Peck stated in answer to a question from the patient, that the case was one which was serious in character, and would not admit of any promises being made as to what the final result would be; that there might be disturbances of the blood, which might operate to prevent union in the same manner as was manifested at the time of the original

accident; that even a local condition of the ends of the bones might be such as to interfere with the reparative process, and in that way again produce non-union. The right leg showed evidence of syphilis, by cicatricial scars, which diagnosis was made in reply to a question by the patient. It was further said that if the bones continued un-united, amputation might be subsequently performed, but that no definite prognosis could be made.

After a free exchange of views between Professor's patient, ether was administered, an esmarck bandage applied, and a longitudinal incision, six inches in length was made along the anterior border of the tibia and over the seat of non-union.

The ends of the bones were found to be covered with a very firm fibrous tissue. The un-united ends of the tibia and fibula were removed by the saw, great care being taken that the bones remaining, should admit of exact apposition. Holes were then drilled in the ends of the bones, and two silver wires being inserted in the tibia and one in the fibula, the proximal and distal portions of both bones were brought together. The wound in the soft tissues was closed in part, after being thoroughly cleansed with silk sutures. Iodoform was freely dusted into the wound, and a strip of old muslin was inserted to provide for drainage. The wound was then covered with a pad and a plaster of paris bandage was applied to maintain the position of the parts during the time that the patient was recovering from the influence of the anæsthetic. After some time, (one hour) the patient having been taken to his room and watched carefully by attendants, that he might do himself no harm while still affected by the ether, a section three inches wide, and extending the entire length of the plaster of paris bandage, was carefully removed, thus exposing the wound, and obviating all danger of constriction by the plaster, during the swelling which would follow. The limb was now practically in a cradle of plaster of paris. The patient was now fully conscious, and appreciated what had been done, and talked for some time, with Prof. Peck, about his feelings and prospects. There was considerable fever from the start, and the patient was restless and obstinate, moving the limb against the orders of the attendants, declining medicine and food unless it suited him to take them. On the second day the limb was removed from the plaster to a fracture box;

as the swelling seemed to press upon the sides of the plaster. The silk sutures in the soft tissues were removed on the first day to relieve the tension due to swelling, and to afford more easy exit for the discharges; and compresses of absorbent cotton soaked in a hot solution of bi-chloride of mercury, were applied. The patient removed these frequently, and it was with great difficulty that the dressing could be kept in place on this account. The wound was frequently irrigated with a 1-2000 sol. of bi-chloride, or a 1-40 solution of carbolic acid; and iodoform and powdered charcoal were dusted over the wound. The hot applications were frequently renewed; the limb was elevated, and stimulants, quinia and egg-nog, milk and beef tea administered as freely as possible, the patient still being very intractable. Morphia was given to relieve pain or to procure sleep. The odor from the wound was offensive, but no more sloughing than was expected, took place; until the fourth day, when discoloration of the skin, over a surface about one and one-half inches in diameter, was present, indicating local gangrene. The supportive and antiseptic treatment was increased, and hot applications ordered to the entire leg, but the continued intractability of the patient presented a serious obstacle to their effectual application, he removing them continually and moving his leg, and refusing to allow the dressing to remain, whenever his pain or restlessness increased. On the morning of the fifth day, his temperature had dropped suddenly to normal. Prof. Shrader was called in consultation this morning. A little after noon the patient vomited blood, and did so three times between noon and 3 P. M. The amount of blood vomited was nearly two quarts. The fact was not announced to the attending surgeon, until after three o'clock. Marked symptoms of collapse followed this hæmatemesis. The treatment was hypodermic injections of morphia, and ergotin and brandy. By the stomach, small bits of ice and five drop doses of Mousel's solution, in water, every half hour. No more vomiting occurred, but though whisky, eggs and milk were injected, per rectum, every three hours, the patient gradually sank, and died at 6:45 A. M., on the sixth day, of blood poisoning. The hemorrhage into the stomach probably began early on the fifth day, thus accounting for the sudden fall in temperature; but it did not make its external appearance until afternoon. During the last twenty-four hours the whole limb became reddened; the course of the

superficial veins being shown by dark red streaks. Prof. Shrader saw the case again on the evening of the fifth day, and at 4 A. M., on the sixth day in consultation with Dr. Hill.

The obstinacy of the patient offered a serious obstacle in the treatment of the case. The cause of death was undoubtedly sepsis, due to a constitutional cause which could not be neutralized by any treatment. The loss of blood from the stomach, could not be prejudged, and when it did occur, the system became exhausted, and the better prepared for the fatal influence of the septic germs which, in part, may have been of years duration in the system. The hæmatemesis converted the case from one which was by no means hopeless, into one which was almost absolutely so.

CASE 87.—G. R., æt. 55. Male. English. Married. Farmer. A year ago we operated upon this man, removing necrosed bone from the superior maxillary bone, of which trouble you see he is now entirely cured. You will remember that his trouble had been pronounced a medullary cancer by other surgeons. He now presents himself with another trouble. Six months ago he noticed a small tumor near the clavicular origin of the sterno mastoid muscle, and over the clavicle.

SOCIETY REPORTS.

POLK COUNTY MEDICAL SOCIETY ANNUAL MEETING.

TUESDAY EVE., April 5, 1887.

Meeting called to order by President J. W. Cokenower.

Members present, Drs. Adams, Brubaker, Clark, Cokenower, Colvin, Crawford, Currie, Finlayson, Frederick, Hutchinson, Moore, Matthews, Nysewander, Schooler, Skinner, Stuart, Worden, Pipino, and Latta. Dr. Townsend, of Lohrville, was present and made a member for the evening by invitation.

Minutes of last semi-annual, and last regular meeting were read and approved. The reports of the investigating committee, appointed at the last meeting "to look into such cases where the secular press had been

used as an advertising medium," was read by Dr. W. C. Pipino, and was as follows, to-wit:

DES MOINES, IOWA, March 18, 1887.

To the Polk County Medical Society:

Your committee having carefully investigated the action of its members with reference to infractions of the code beg leave to submit the following report:

That they have discovered several cases that seem to have been at least very near the border line, but after careful consideration and due deliberation, we are satisfied that in only one case has the violation been sufficiently flagrant to justify us in preferring charges against a member of the society without more proof than is at present before your committee. Therefore, we charge Dr. C. T. Clark, a member of this society, with advertising himself and his cases in and by means of the secular prints, and with conduct unbecoming a physician and a gentleman, both within and without the presence of the society, and with endeavoring to deceive the society in regard to his acts.

Specification 1st. That he did on or about the twenty-fifth day of February, 1887, in the city of Des Moines, Iowa, permit himself to be interviewed by one Frank Lee, a reporter for the *Daily News*, a newspaper published in this city, and in said interview, the said Dr. C. T. Clark made false and unwarrantable statements concerning the profession of the city, as well as vain and fullsome praise of himself, his acquirements and his operations, with a full knowledge that the same were to be published, and for the purpose of advertising himself contrary to the Code of Ethics and the decency of the profession, also causing an account of said operation to be published in the *Chicago Tribune* of Sunday, March 6, 1887, an account of this operation of "Transfusion," in which he styles himself an old operator of Bellevue Hospital, N. Y.

Specification 2d. That in conversation with Frank Lee, he spoke disparagingly of the acquirements of Dr. G. P. Hanawalt, who assisted him in a recent operation.

Specification 3d. That on the first day of March, 1887, at a meeting of this society, the said Dr. C. T. Clark emphatically denied using any such language as that contained in the *Daily News* of February 25, 1887, or having anything to do whatever with the publication of said

article, and that he tried to prevent the publication of the same by telephoning to the *News* office not to so publish, all of which your committee think is contradicted by the facts.

W. C. PIPINO, *Chairman.*

LOUIS SCHOOLER,

WOODS HUTCHINSON.

Dr. Finlayson moved the report be received and contents be acted upon. Carried.

The report had upon its back the following indorsement, namely: I hereby certify that I mailed a copy of the within charges to Dr. C. T. Clark, at 1:30 P. M., April 5, 1887.

C. E. CURRIE, *Cor. Sec'y.*

DR. SCHOOLER—Our committee find that accused is entitled to a written copy of the charges to be furnished by the corresponding secretary, and time to prepare an answer, unless he waive it.

DR. CLARK—I am perfectly willing to waive time unless there be evidence I know not of, and would ask that evidence be read so that I can determine whether my evidence is sufficient, or whether I will have to go farther. Am going to prove myself clear if it takes all summer.

DR. SCHOOLER—The committee simply have evidence that is pertinent.

DR. CLARK—I would like to have the matter settled up, as I want to take a vacation; am not well.

DR. COKENOWER, Pres.—I will say that I feel as I did one month ago to-night, that we act considerately. Since Dr. Clark is willing to waive the rules requiring postponement of a month, and wishes to have the matter settled, I see no reason why we should not proceed at once.

DR. CLARK—I have heard so much new that I don't know what kind of testimony will be brought, and there might be something of which I have never heard, and for which I have no rebuttal testimony.

It was then suggested by one of the members of the society that in that case he could continue it till next meeting.

DR. CLARK—I may not be here then.

DR. PIPINO—Dr. Clark could then have the privilege of having it deferred until he is here.

DR. CLARK—I want the trial to-night.

DR. WORDEN—Think it be fair that he have the trial to-night, and that he hear the testimony.

DR. SCHOOLER—The committee is not green enough to disclose its hand, and then let Dr. Clark have time to look it up and rebut it at another meeting. Let him hear the evidence as it is given, and meet it.

DR. CLARK—I did not think there would be anything underhanded, did not suppose there would be some drop, but supposed they would be willing for me to know all the evidence they have got.

CHAIR—We will proceed at once to hear the case, and I will appoint Dr. Schooler to conduct the case for the prosecution, as he is a member of the committee.

DR. SCHOOLER—Aside from the selection of the Chair being a bad one, I have to go shortly, and undoubtedly would have to leave the case unfinished.

DR. PIPINO—From what has been said, I think it no more than fair and just both to Dr. Clark and the committee, that the Chair select some one outside of the committee to prosecute the case.

Voted that Dr. Schooler conduct the prosecution.

DR. SCHOOLER—First witness we introduce will be the *Daily News*, date of February 25, 1887. The whole article was read by the Recording Secretary, Dr. Moore.

The following is the article:

Local physicians are deeply interested in the experiment of the transfusion of blood from the veins of a healthy person into the system of an invalid, now being conducted by two of our leading physicians, whose efforts to infuse new life into a debilitated person by this means have been attended with success. *The patient is a lady about fifty years, suffering from stomach trouble, her food failing to assimilate properly, and her blood in consequence has lost its vitality. She is literally starving, although dwelling in luxury, and her slightest wish granted, however costly the result.* She grew weaker, and as a last resort, transfusion was tried, the blood being taken from the arm of her son, a heavy, robust, healthy young man. (The transfusion apparatus consists of a rubber tube with a vacuum bulb in the center, and a meter to register the flow of blood. When the time came a handkerchief was thrown over the mother's face to hide the sight of blood, as it was feared it would make her dangerously nervous. An incision was made in the large vein of the young man's arm and one end of the rubber tube inserted, and a similar incision made in the patient's arm. When the blood of the donor flows sluggishly, or the patient's current is strong, the flow may be increased in volume and force by means of a small pump in the bulb, but in this case it was found to be unnecessary, as each heart throb of the donor was of sufficient power

to force the blood through the tube as required. The meter measured by the drachm, divided into eight parts. The operation was concluded in a half hour, and it was found three and one-half ounces of the life fluid had been transfused. The patient was very nervous, and the feeling of the rich, warm blood given her as it plunged into her veins, only tended to excite her more, so that she did not go to sleep for hours. But when she did, and woke in the morning, she was feeling better than she had in some time.) Yesterday afternoon a NEWS reporter called upon the physician who made the experiment and after gleaning the facts, asked a few questions relative to the practice of transfusing blood, its effect, etc.

"The transfusion of blood," said the doctor, "is a very common occurrence in the east, and very uncommon here. It is discouraged here for two reasons: first, because the doctors have never had any experience, second, because they don't seem to know how to do it. I was a physician in the New York hospital for thirteen years, where we had one hundred patients, and we performed the operation three times a day. I think this is the first thing of the kind in Iowa, or at least in Des Moines. Western doctors wait until their patients get pretty low, refuse to try transfusion, and let them die, rather than make it a last resort. Many a life could have been saved by prompt transfusion, as every physician knows. Now in a case of this kind, where the disease is chronic, the vitality gone from the blood, and the digestive apparatus unable to properly assimilate the food, transfusion of blood does not effect a cure. It merely keeps the patient alive. She is feeling stronger and better than she has in years, but that new blood will soon wear out for the want of sustenance, and a second operation will become necessary. Meantime, she is growing weaker and weaker. But in cases of hemorrhage, where the strength is not wasted by disease, the prompt action of a physician in transfusing blood may save a life and restore a man to health. It is not well enough known or popular out here, and the interest of this case centers in the fact that it is the first. However, it will not be the last, by any means."

Transfusion of blood is the operation of introducing into the vascular system of one animal blood taken from another. It was suggested and described by Libovius during the seventeenth century, and was first successfully practiced by Richard Lower, an English physician in 1665, who experimented with animals, and this encouraged doctors to try the effect upon human patients. This was done in 1666 by Denys and Emmerets, of Paris. The first results were good and it became popular, but a re-action came, and in 1668 the Parisian parliament forbade its repetition except by Dr. Blundill of London, who performed thirty-three experiments, and found that the transfusion of blood, whether arterial or venous, would be successful in the average run of cases, where the persons or animals were of the same kindred or species.

[NOTE.—The words in Italic, are, the reporter said, the doctor's own. The reporter also said that the words "we performed the operation three times a day," was a mistake, that the doctor said as high as three times a day, or words to that effect.

The description of the operation which is in parenthesis, the reporter said was the doctor's description, although not his exact words.]

DR. SCHOOLER—Second witness, *Chicago Tribune* of March 6, 1887.
Read same way.

EXHIBIT "B."—*Chicago Tribune*, Sunday, March 6, 1887.

BLOOD FROM HER SON'S ARM

MRS. ———'S LIFE PROLONGED BY THE TRANSFUSION OF THE FLUID.

DES MOINES, IOWA, March 5, 1887.

Mrs. ———, who died yesterday afternoon, was the subject of an operation of the transfusion of blood. For three years the woman had been an invalid, and for the last year her condition was considered to be critical. About two weeks ago it became apparent to her attending physician that life could be prolonged but a short time at most. Her daughter, Mrs. ———, of ———, was ill, and the desire of Mrs. ——— was that she might live until her daughter could recover and reach her bedside. It was this desire that led to the operation of transfusion, and not the expectation of her physician that it would effect a permanent cure. The operation was performed by Dr. C. T. Clark, a former practitioner in the New York Hospital, who used the ordinary transfusion apparatus. The blood was taken from the arm of ——— a robust young man and a son of the patient. Probably three ounces were transfused. The effect was certainly beneficial, for the patient rallied, the pulse was firmer, and there was every symptom of renewed and strengthened vitality. Dr. Clark thinks the operation prolonged life at least one week, but these evidences of improvement were only temporary. A relapse came three days ago, when the question of a second operation was considered by the consulting physicians (W. F. Peck and G. P. Hanawalt, Ed.) who decided against it, believing that the energy of the heart was not sufficient to circulate the blood through the system. Mrs. ——— husband, is a brother of Senator ———, and Gen. ———.

DR. SCHOOLER. As the next witness, I introduce Dr. Pipino to give evidence of conversation with Frank Lee, local editor of the *Daily News*.

DR. PIPINO—I think it was the second day following our last meeting that Lee, reporter, *Daily News*, came into my office and asked me

whether I knew a Dr. Clark. I told him I did, and asked him if he knew him. Said he did. I asked—“why do you ask?” Said he understood the Doctor (Clark) was running around town to see him about this article published in the *News*; that there was an article on the case published in the paper, and that he had received statements from the physician; said that he (Lee) had seen the doctor (Clark) and spoken about this case, which was of sufficient interest to publish. I asked him if the doctor knew who he (Lee) was. He answered he did, and that the doctor made a statement of the case. I asked him if it was true that the doctor telephoned and requested him not to insert but leave out a certain amount of it. He said the doctor did. I asked what part, and he said that part for the purpose of enabling the patient to see her daughter before she died. Said the only part he got from the encyclopædia, was the last part, relating to transfusion of blood. Said he was told about the technical terms, or he could not have given them if he had not been; said he would be willing to substantiate the charges and to sign his name to them. Did not say anything about Dr. Clark referring him to the encyclopædia. He did say that Dr. Clark said that his assistants were of no benefit to him, and that he (Lee) would have done as well.

Here Dr. Clark asked Dr. Pipino a question (which the reporter failed to catch) about the apology through Schooler, stating in substance: “That if I did use the word apologize, and I do not deny that I did, I only say I did not mean to use it, it was not the word I wanted to use.

DR. PIPINO—I wish to say that the reporter’s visit to my office was entirely unsolicited by me.

DR. CRAWFORD—I had an interview with Frank Lee about the article that appeared in the *Daily News*, of February 25th. Lee called at my office and asked me what transpired down here (meaning the last society meeting) and I gave it to him as I could, and I stated that Dr. Clark denied the sum and substance of the article as being dictated by him, and in reply he said that everything was dictated by Dr. Clark, and that there was some things he did not insert as he was afraid he would involve other physicians; that Dr. Clark said that Dr. Hanawalt was of no assistance to him, and that he (Hanawalt) did not understand it and that Lee would have been as much good as he. I was present at meeting, March 4th, of this society. Dr. Clark denied more than a three minutes inter-

view with Lee, and said he tried to prevent publication. Do not remember what he (Clark) said about apology. Think he said he did not mean it. Remember of his making flat denial of his giving points. Mr. J. J. Hamilton spoke to me about his reporter getting into trouble. Said that Dr. Clark telephoned for him not to publish that part relating to the family, giving names, etc.

DEFENSE.

DR. CLARK—Mr. President: In the first place, it is only a matter of veracity between Mr. Lee and myself. Mr. Lee was not in my presence but a very few minutes; he was not present long enough for me to repeat one-eighth of it. I now make the same denial in toto. I never said a word that is in the article as it is written. Lee said he could not find me at the office, and found me in a store buzzing a young lady. I was in my own store talking to my own cashier and making up my cash account. Another thing I would say, I went to the *News* office the next morning, and went to the proprietor and said I had been misrepresented and wanted it explained. They said they would see that it was attended to. When Lee asked me something about the transfusion of blood, I described the general process. Never said it was the first operation performed in the state. I might have said she was literally starving, although wealthy; said that the operation was not performed often in the west; told him that like other operations it had localities where it was a favorite; that I believed the transfusion of blood was a good thing and especially in obstetrics and chronic cases. The transfusion was not a success. I never used the harsh terms he uses in speaking of the assistants. I told him simply of what it consisted. I described it to him because he asked for a description, and I knew my name was not to be mentioned, or the names of the family. I never saw the *Chicago Herald*, and never heard of it in the *Chicago Tribune*. Did not dictate the correspondence to the *New York World*. Here is a note from Shaver, and he is at the *Leader* office and he will come here in person and explain. The note was then read from H. C. Shaver, correspondent of the *New York World*.

To whom it may concern:

This is to certify that I am the correspondent of the *New York World*; that on or about March 3d, I received a telegraphic request from said

paper to wire an account of the operation of the transfusion of blood in the case of Mrs. ———; that in response to said request I called upon Dr. C. T. Clark, and obtained, through inquiries, some facts relating to the same; that I wrote said account without a word of suggestion from Dr. Clark; and that at my request Dr. Clark called at the *Leader* office and read said account, in order that there might be no material error in its statement of facts; that he did not suggest any change or alteration of any kind, and that it was sent just as it was written by me. I further certify that said Dr. Clark was averse to its publication, but that I felt bound to print the same for the reason that the *World* had specially ordered it. I further certify that I am not the correspondent of the *Chicago Tribune*, but my understanding is that the dispatch I sent the *World*, was reprinted by the *Tribune*.

And I further certify that Dr. Clark did not state to me, and I did not report, that he was an old operator in Bellevue Hospital, New York.

H. C. SHAVER.

DR. CLARK—When I got that affidavit, I did not know what was in the *New York Tribune*, and that Shaver said the *World* contained nothing that was in the *Tribune*. I never saw the article in the *Tribune* or *World*.

Dr. Clark then introduced statement of J. J. Hamilton, which was read.

DES MOINES, IOWA, April 5, 1887.

To whom it may concern:

This is to certify that, to the best of my recollection and belief, Dr. C. T. Clark, on the evening before Mr. Lee's article on the "Transfusion of Blood" appeared, and asked if the reporter to whom he had talked was in. I told him that the reporter was out, and he then said that he did not want anything said in the paper to the effect that the operation was made simply to keep Mrs. ——— alive until her daughter should arrive. I answered that the reporter had not prepared anything on the subject for that evening, or that it had got in too late. I have no definite recollection of anything further passing between us. I am not positive that Dr. C. did not ask that the whole matter be suppressed, but I think he did not.

(Signed.)

JOHN J. HAMILTON.

Dr. Clark then introduced his own affidavit which was read.

STATE OF IOWA, }
POLK COUNTY. } ss.

I, C. T. Clark, being first duly sworn on my oath say, that I am the person against whom charges have been preferred by the Polk County Medical Society as a member thereof, for unprofessional advertising and other charges; that I have not, to Mr. Frank Lee, or to any other person, said anything disparaging as to the acquirements or professional ability of Dr. Hanawalt at the time mentioned in the charges aforesaid, or at any other time, either before or since.

C. T. CLARK.

Subscribed and sworn to before me by the said C. T. Clark, this fifth day of April, 1887.

[SEAL.]

N. B. RAYMOND, *Notary Public*,
Polk County, Iowa.

DR. CLARK—I have no speech made up, have been in bed for two weeks. At the time Mrs. —— was lying very low, and I was called as her physician, there was no question in my mind that she could ever recover. The question came up in the family whether transfusion of blood would keep her alive till her daughter came. Dr. Hanawalt and I concluded to attempt the operation. The thing went along for a day or two and we attempted it. I had a transfusion apparatus and I could not use it, but we fixed it up and proceeded. After the operation was performed, she seemed much better for it; she was materially better, it was noticed by everyone. The operation was a failure. I gave an account to the reporter of transfusion in general, not relating to the family at all. I claim that I telephoned that the whole thing be omitted in toto.

Dr. Schooler, having to leave the city was excused by the Society, and Dr. Woods Hutchinson was called to conduct the prosecution in his stead. Dr. Hutchinson then rose to make a short speech, said his remarks would be brief, then reviewed the facts saying the charges consisted of three specifications; that he allowed himself to be interviewed, etc. Article shows signs of a professional mind at the bottom of it. What followed, was simply a recapitulation of what had been said. Dr. Hutchinson then moved that they proceed to vote whether guilty or not guilty, and vote separately on the three specifications, and whether guilty on the

whole. Result of ballot guilty on the whole, eight. Not guilty on the whole, seven.

Dr. Clark was thereupon found guilty as charged.

The following motion was made by Dr. Worden, and seconded by Dr. Crawford:

That it be the sense of this meeting that a vote of censure be passed upon Dr. C. T. Clark, with the recommendation that the matter be now dropped.

Motion carried by ayes, 13; nays, 1.

Ordered by the society that the bill of W. M. Colman, for \$3.90, for cards and printing for meetings of February, March and April, be allowed.

Ordered by Society that the bill of Dr. Chas. D. Moore, for fifty cents for receipt book, postage, etc., be allowed.

Ordered by Society, that the bill of the Des Moines Free Dispensary, for \$7.50, for rent for Society rooms for January, February and March 1887, be allowed.

Proxies of members absent were filed with Secretary.

The Society now proceeded to the election of officers for the ensuing year, with the following result, viz:

Pres., Dr. Lewis Schooler.

First Vice Pres., Dr. A. J. Crawford.

Second Vice Pres., Dr. R. L. Stuart.

Recording Secretary, Dr. C. E. Currie.

Corresponding Secretary, Dr. W. C. Pipino.

Treasurer, Dr. D. W. Finlayson.

Censors, Dr. J. W. Cokenower, Chairman; Drs. J. W. Adams and Woods Hutchinson.

Trustee, (term to expire 1890) Dr. H. R. Page.

The following delegates to the meeting of the Am. Medical Association in Chicago, Ill., June 8th, 9th and 10th, were unanimously elected, viz: Drs. J. O. Skinner, J. W. Adams, Edith M. Gould, Chas. D. Moore, W. C. Pipino, A. G. Field and C. Nysewander.

Dr. W. C. Pipino was chosen chairman of section II Surgery, to report at next meeting, with associates. Society then adjourned.

CHAS. D. MOORE, *Sec'y*.

COLLATERAL EVIDENCE UPON THE CLARK CASE.

In view of THE REPORTER'S position on advertising, and of the facts that the society found the doctor guilty, and failed to present their case as fully as it should have been presented to remove all question as to the reliability of the evidence and of the weight of circumstantial evidence so that a question of doubt cannot be raised as to the justness of the decision, its readers will justify me in introducing the following collateral evidence, which should have been introduced, and which was not introduced only because it was not called for by the committee in charge (they probably, reason unknown, deeming it unnecessary, as some of the committee knew that the evidence was to be had for the asking).

F. E. CRUTTENDEN'S INTERVIEW WITH FRANK LEE.

You are the local editor of the *News*, are you not, and the one who wrote the articles appearing in the *News* which arose from interviews with Dr. C. T. Clark, of this city?

Yes, sir.

Will you state in substance the principal extracts from the interview that led to the first articles?

LEE'S INTERVIEW WITH CLARK.

Speaking of transfusion, I asked, "Is it uncommon?"

It is a very common occurrence in the East, and very uncommon here.

Why?

It is discouraged for two reasons: first, because the doctors have never had any experience; second, because they do not seem to know how to do it. I was a physician in a New York hospital for thirteen years, where we had one hundred patients. We performed the operation as high as three times a day. I think this is the first case of the kind in Iowa, at least in Des Moines. Western doctors wait until their patients get pretty low, refuse to try transfusion, and let them die rather than make it a last resort. Now in a case of this kind, where the disease is chronic, the vitality gone from the body, and the digestive apparatus

unable to properly assimilate the food, transfusion of blood does not effect a cure, it merely keeps the patient alive. She is feeling better and stronger than she has for years, but that new blood will soon wear out for want of sustenance, and a second operation will become necessary. But in cases of hemorrhage, where the strength is not wasted by disease, the prompt action of a physician in transfusion of blood may save a life and restore the man to health.

DR. CRUTTENDEN'S INTERVIEW WITH LEE.

Mr. Lee, you are positive that the statements are correct?

Yes, sir.

Did Dr. Clark come to you afterward and claim that you had misrepresented him?

No, sir. Dr. Clark sent for me and said that I had made a slight error in saying that he had performed the operation three times a day for thirteen years, and also desired me to clear him of the charge that he had sent for me. I made both corrections.

The above statement as to frequency in which he had performed the operation as contained in this interview is the correct statement of the doctor, as I understand?

Yes.

Has the doctor made any other complaints?

No, sir.

Did the doctor tell you at any time that his assistants were of no account, and that you would have been of as much value as the assistants?

Yes, sir.

Was this voluntary on his part?

Yes, sir, because it was in connection with the fact that the doctors out here did not know anything about it, and he was obliged to tell them what to do in the operation.

At the time of the first and second interviews, did the doctor seem at all adverse to being interviewed?

No.

Did he intimate at any time that such interviews were considered unprofessional?

Yes, at the second interview.

Can you remember in substance what those statements were ?

Why, merely that it was a violation of professional ethics for a doctor to advertise himself, and for that reason he wished to have me say that he did not send for me, which, of course, he did not.

I understand that you met his assistant to the operation. Did he decline to give you an interview ?

Yes, sir, saying that he would rather not talk about it.

INTERVIEW OF F. E. CRUTTENDEN WITH DR. G. P. HANAWALT.

Were you the principal, one of the principals, or were you the assistant in the operation for transfusion, performed by Dr. Clark in this city some weeks ago ?

Assistant.

Did you advise with Dr. Clark that the operation be made, or did you simply assist him at his request ?

Upon Dr. Clark's repeated statement that the family was clamorous for the operation, I agreed to assist him.

Was the operation a success, and was the condition of the patient better immediately after the operation, and apparently so from the operation ?

No. There was no blood transfused. Did not see the patient for a week or more after the operation, but heard from Dr. C. that she was better.

Were you approached by the reporter of the *Daily News*, Mr. Lee, and did you refuse to be interviewed ?

Yes.

Were there others present at the operation, other than the members of the family, Dr. Clark, and yourself ? Give the names, if any.

Norman Lichty ; Mrs. Taylor, nurse ; Mrs. Tuttle, sister of patient.

Were these parties present during the entire operation, or only at intervals ?

All the time.

DR. CRUTTENDEN'S INTERVIEW WITH MRS. ELIZA TAYLOR.

You were in attendance upon Mrs. ——— during her last sickness, were you not?

I was in attendance during Mrs. ——— last sickness.

Were you present during the operation for transfusion made by Dr. Clark, all or part of the time?

I was in attendance all the time during the transfusion.

Were you in attendance upon the patient after the transfusion?

I was in attendance after the transfusion.

Was her general condition better or worse after the transfusion? How much? (Please state fully).

Her general condition was worse, for she had a hard chill which lasted half an hour. This "is the truth and I can swear to" it.

STATEMENT OF F. E. CRUTTENDEN.

One evening in the latter part of February—think the 28th—I met Dr. Clark in *Leader* office. He came forward from reporter's desk, spoke to me, volunteered the statement that the reporter, Mr. Shaver, was making a report to send to the *New York World*, of the case of transfusion above referred to, and that he (Clark) was there to examine the same, and see that it was sent out as he wanted it. This is in substance what he said.

He also said he wanted to have a talk with me for advice in regard to this matter. This was the first knowledge I had of the subject other than by hearsay. Had not read or seen any of the articles. Went with the Doctor to the Aborn House, where he stated in substance as follows:

That the reporter of the *News* had misrepresented him, and that the Doctors of the Polk County Medical Society were stirring up a muss about it; that he (Clark) had gone to the reporter the day after the first publication, requesting him to correct the statements, and that instead of so doing he had made the matter worse. He stated that he had performed the operation of transfusion, and that the patient was temporarily greatly benefited, that the reporter had misrepresented him, that he had made no such statement as the paper contained. He ended in asking my advice. I advised him, supposing that he was wholly in

the right, to fight the thing through; to make a public statement against the *News*, provided the *News* would not retract, at his request, what he had said, and make a sworn statement. I told him this would set him right before the profession, and that he would be doing all that was reasonable, was sorry he had trouble, etc. Am very positive as to his statements in regard to the operation being successful, because the only regret he expressed was that he did not get the consent to have the operation performed sufficiently early.

I next had an interview with Dr. Clark on the afternoon of April 5th at my office. He stated that he understood that I was to make charges against him, that he had notice of the same in a paper served upon him, and he wished to know what those charges were. I replied that I knew nothing about it, that I had made inquiries and had some talk with other members, but had no written charges, and did not know that I was to be called upon. I told him that I had understood from Dr. Hanawalt that the operation was not a success, that transfusion was not performed, and that I had also understood the same from Mrs. Taylor; also, that the condition of the patient was very much worse instead of being improved, and that I had seen the article published in the *Chicago Tribune*; expressed myself that I thought it was an outrage. He then stated that he did not pretend that the operation was a success (I had heard this before and since my first interview). He said that Mrs. Taylor was not present during the transfusion and, therefore, could not judge. He said he had nothing to do with the sending of the dispatch to the *New York World*, that he was sent for and did not know about the dispatch in the *Chicago Tribune* and other papers, that the other papers must have copied them from the *New York* papers.

After first interview with Dr. Clark, had short interview with Mr. Shaver. Learned from him that he had sent two, and I think three, different dispatches; that they were not alike, being more to one paper than another, and that he had gotten them from Dr. Clark, but not at Dr. Clark's solicitation, but with Dr. Clark's consent. Shaver also said that he sent a dispatch one day to one of the *New York* papers and received an order for the same from one of the other *New York* papers.

EDITORIAL.

CLAIMS OF LAWSON TAIT.

The medical profession are quite generally acquainted with the name of Mr. Lawson Tait, and particularly so in connection with utero-intra abdominal surgery. Perhaps most of his reputation is covered with "Tait's operation." Since we claim and believe that Mr. Tait has not the right to the reputation which many accord to him, we propose to present some few reasons for our views. There should be a thorough understanding of the difference existing between the leading operations of the uterine appendages—meaning more definitely the ovaries, fallopian tubes and broad ligaments. Dr. Beatty unquestionably was the first one to suggest and practice what may be termed normal ovariectomy. No doubt the primary and ultimate object of Dr. Beatty was to cure certain local and general symptoms by excising one or both ovaries which were presumed and diagnosed to have existing pathological changes sufficient to account for the ailment and also to justify the operative steps. These views and surgical experiments attracted the attention of many of the profession, both at home and abroad. The cautious, conscientious men approached the investigations of ovarian pathology and surgery with interest and a determination to analyze, and as far as practicable and thereby benefit the numerous sufferers. Slowly and surely Dr. Beatty's opinions were in the main indorsed. Mr. Tait soon appeared and claimed Dr. Beatty's honors for discovery, but later relinquished his claim. However, he alleged that he found there was a condition of pathology beyond, more important and more indicative than that described by Dr. Beatty. He thought that the interior of the fallopian tubes, involving the membranous portions of the denser structure of the tubular tissues, or all combined, were more often the cause of the symptoms which Beatty located in the ovary, and therefore the operation should be originated for tubercular pathology, and the ovary, even if pathological should be considered secondary, and Tait's operation should be the leading and the more important. We believe from the lightness (not true light) with which Mr. Tait has considered the cause and the methods attending his

operations, that he has indirectly been the means of influencing others to operate upon cases, when no operations should have been performed, and where fatal consequences under the circumstances necessarily occurred. The surgeons are few who believe in the alleged wonderful success of Tait. In fact, in his own country, as well as in Scotland, Germany and France, leading men seriously question the truthfulness of his reports and statements. Comparing him with the estimation in which the Keiths of Edinburgh are held, they are considered honest, faithful, experienced and eminently successful surgeons. They have no secret methods. The profession at large, including the American tourists, are most courteously given advantages for observations and study. The special cause of the great success of Keiths—father and son—whether in removal of pathology of tubes, ovary or large ovarian growths, is the detail and great care which they administer in all of their work. Then again they do not increase, multiply or adorn their work. It is as you see it. The readiness with which many reflex symptoms are accounted for by assigning them to a definite fallopian tube location undoubtedly influences the family physician to persuade the patient to take advantage of the teachings of the Tait school, and thereby suffer exposure, which in not a few instances terminates in, may be continued ill-health, the real cause of the ailment not having been found, or perhaps in death. There is no doubt about Mr. Tait's being a fine operator—dextrous and skillful. But that the necessity for all of his operations does not seem to be fully believed. Indeed it has been stated that the vital statistics of Birmingham have increased Mr. Tait's mortality report. Mr. Tait's treatment of many Americans is not such as to cause them to leave England with the same confidence and respect as is entertained for the leading ovariologists of Great Britain. We feel, finally, like suggesting to our readers that the so-called Tait's operation should very prudently and hesitatingly be entered upon, and certainly other views and statistics should be consulted than those published by Mr. Lawson Tait.

SUBSTITUTION BY DRUGGISTS.

This is an abuse, a practice widespread and a custom. It is disastrous to the patient, physician and pharmacist or chemist. This question is being agitated by both responsible and reliable physicians and chemists, and in self-defense. Every physician with as much as a few months of active practice, can recall without difficulty many circumstances wherein his patient has suffered from this abuse. Two forms are in use, one in which, for example, one of the various preparations of pepsin or cod-liver oil is substituted for another; and another in which the druggist uses the preparations of one physician for another. The first form may be prevented by taking the precaution to write for a definite preparation, and at the same time cautioning the patient to accept that one only. There is such a sliding scale in the grade and cost of different preparations that, as in other articles of commerce, there is a tendency to substitute an inferior and cheaper article for a better. This last form of substitution brings into use a remedy indiscriminately, and is thereby liable to bring into ill repute a good remedy, and also the physician who originally prescribed it. No other arguments or facts are necessary to convince every practitioner that it is to his interest to look after both forms of substitution, especially so, now that the custom for physicians to write their prescriptions is so general.

SQUIBB AS AN ADVERTISER.

Dr. E. R. Squibb, probably the best advertised man in the country, has, in recent articles, poohpoohed the medical profession for looking to the pages of medical journals for remedies. The only difference the writer can see between the customs of Dr. Squibb and those of other advertisers is, that the Doctor does his advertising in what, in newspaper work, would be called "locals" or "write-ups," while other advertisers use the the cover pages, and those next thereto. In newspaper work (we do not know how it is with medical journals) these "write-ups" cost

more money, cheek or taffy than the advertising card. We do not attempt to underrate the ability of Dr. Squibb, either as an accomplished chemist, physician or business-man, and last but not least, as an advertiser. We think he has shown shrewdness, judgment and ability in all these branches. So well has he advertised his business, that the medical profession have been paying to Dr. Squibb a tax of from fifteen to twenty per cent for Dr. Squibb's name, a name honestly earned by the exercise of his ability through judicious advertising.

Dr. Squibb's preparations are good; we say nothing against them, but we believe, as we have often heard from his competitors, "our preparations are no better than Squibb's, but are equally good." This, we think, the medical profession is beginning to find out, and we hope they will all find it out and act accordingly, until this same fifteen to twenty per cent tax for the name of Dr. Squibb has been knocked off. Again, examining our sixty to seventy-five exchanges, we find a large number of competing houses are advertising their preparations in a legitimate way through the medium of medical journals. Admitting that there occasionally appears the card of an advertiser who lasts but a short time, and whose work may be more or less inferior, the great majority of them are the larger and stronger manufacturers. In fact, the competitors of Dr. Squibb who omit twenty per cent tax are large and generous patrons of the medical journal, without whose support all, with few exceptions, who are now living with slender support would have to succumb. The product of these manufacturers is first class and in no way inferior to Squibb's, while the great majority of medical journals may not in themselves be especially instructive, yet they serve as a valuable medium to the physician of the locality in which they are located, to collect and reflect medical thought and experience. The experience of the profession that the preparations, advertised in the medical journal, of these strong, old reliable houses are of themselves reliable, and that the columns and pages of the average medical journal can be relied upon, and that they do not advertise or present articles which are fraudulent and illy adapted to the wants of their patrons.

EDITORIAL NOTES.

Dr. Margaret A. Cleaves, of Des Moines, has opened a Private Retreat for the treatment of patients suffering from nervous diseases and diseases of women. Without solicitation, and without her knowledge, we gladly call the attention of the profession to her modest announcement. We can conscientiously recommend her to the profession as being thoroughly competent and prepared, in a small way, to give the nursing and professional care that such cases require.

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To those physicians who paid one F. Honoply, at one time agent for THE REPORTER, money on subscriptions. We have never been able to get a settlement with Honoply, and he has not turned over the money for the same to us, although he has made repeated promises to that effect. As he was at the time our agent, we feel that we are responsible for his acts, and if those members of the profession who paid Honoply will report the same, we will see that their money is refunded or that THE REPORTER is sent to them, leaving it optional with them.

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Often we have been tempted to attack the evil advertising. We have hesitated because it is so difficult to obtain proof of the intent, or rather to obtain sufficient proof in order that we might feel that we were not doing an injustice. Professional advertising is becoming to be professional social evil. It is difficult to draw the line. The Polk County Medical Society has made an example of Dr. C. T. Clark. Personally, the writer has nothing but the best of feeling for the doctor, and is extremely sorry that it is he whom it is our duty to hold up to the profession as an example. The evidence speaks for itself and requires no further comment.

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The annual meeting of the Iowa State Medical Society will be held at Sioux City on May 18th, 1887. If the per cent who are not going, of the regular attendants whom the writer has met, holds good throughout the State the attendance will be very small, the objection being that it is not central. It strikes the writer that the Medical Society, like the Supreme

Court and the United States Court, has grown too large for wheels. Give it a rest somewhere, at a point where it will suit best the convenience of the great majority of the Society. The State Board of Examiners are not enforcing, or pushing the enforcement, of the medical law, and because they are not financially able. This question probably will, and should come up before the Society.

A NEW COLLEGE.

Announcements are out for a new medical college. THE REPORTER gave the warning months ago. The public is crying for doctors, and the doctors for medical colleges, and the medical colleges for students, and the students will be crying for patients, and the patients for relief. The clergymen will perform the last sad rites. In view of this demand THE REPORTER welcomes the new school. At the same time it honestly believes that Iowa needs not seven medical schools, not six, not five, not four, not three, not two, and possibly, we are not certain, not one. And yet, should every State assume this thought, the doctors would have to recruit from the ranks of the Christian scientists; therefore, upon serious and sober thought, we believe that there is room and that one good school is needed. We do not say which school, or where it shall be located. We do say that this school should have the financial backing, the educational rank, the clinical advantages, with the preparatory requirements that are necessary to conduct a first-class colleges which will graduate students as young doctors, thoroughly competent in the ways of modern medicine. The president of the new college is Perry Engle, also president of the Iowa Medical Liberty League. The League sprung into life to resist the medical law, which permits all classes or schools of physicians to practice, but which requires competency and preparation of the individual members of each. How one can conscientiously hold the presidency of a school for education, and the presidency of an association against education, is sort of an enigma—one that belongs probably to the puzzle column. We do not doubt but that Dr. Engle is thoroughly competent to conduct a medical college, but will he champion in the conduct of his school ignorance as he champions it in his League? No one would think or accuse the doctor

and his associates as having organized the school as a means for some of his followers to evade the medical law. Therefore it is only for us to conclude that the doctor is trying to perform the great circus act of riding two horses around the ring at the same time.

A GRIEVANCE.

[The following correspondence was handed to us for publication by Dr. I. H. Moore, of Prairie City. Dr. Moore was the author of the article recently published entitled "Physicians vs. Quacks." Evidently the article contained a shoe that fitted the author of the letter, and he is endeavoring to kick in the direction of Dr. Moore. The writer, J. L. Cron, M. D., was a graduate from the Hahnemann Medical College of Chicago in 1882. We publish the letter verbatim.]

I H Moore M D

Prairie City

Iowa

Dear Doctor. we read in a specimen copy of the Medical Reporter the Mouth piece of the Allopathic profession of Iowa an article written by you entitled Physicians vs. Quacks and one must be dull who cant see in the article the real Animus of the Allopathic Profession of the state. it is plain what they would do if they had the power,. but in the article you make some remarkable confessions you say that the *Reguler* (of course you mean Routinists) are on a level and often below it in public estimation with thieving Quackery well Dear Doctor you should read the saying of the immortal Burns O would some Power a gift to gie us to see ourselvs as others see us, if you could see yourselves as others see you you would see that you represent the worst form of thieving Quackery their is no other system of Quackery that steals the health wealth and robs the victims of thier lives like Allopathy. thier are no more prejudiced Bigoted conceited Arrogant set of men in the world than the Allopaths thier is no system of practice that loses as many Patients in proportion to the number treated as the Allopaths. thier is no system that can show as many opium eaters Bronide of Potassum wrecks Hydrate of chloral lunatics Mercurial Rheumatics Alcoholic Inebriates, and those that have lost thier sight and Hearing from the abuse of Quinine as the Allopathic while you have made many improvements such as ceasing to bleed ceasing

to Salivate ceasing to blister ceasing to Burn ceasing to purge ceasing to Puke, *Ect* the improvement you will soon be compelled to make are legion the People or Public as you term it have tried you and you are found wanting and they do not propose to be humbugged much longer. They see the Allopathic claim of superiority is founded on assumption that they are the worst frauds in the Medical Profession and they the people are about to call a halt, in the wholesale Butchery and Poisoning of the people you will have to cease your in ordinate and indiscriminate dosing you will have to cease manufacturing so many drug diseases you will have to cease making so many of your victims opium eaters and other drug Habits to numbers to mention the people are going to compel you to cease they are not going to swallow great quantities of Poisonous drugs in the various stages of decomposition to injure their organism Prolong their illness and shorten their lives. Just to please the Ignorant Arrogant conceited domineering corpulent windy and lazy Allopath when just across the street swings in the gentle Zephyrs the shingle of the learned scholarly agreeable industrious studious Panstaking genteel neat and trim Homoeopath with is Pleasant well preserved scrupulously taken care of medicines. which the children cry for, whose medical faith and practice are a direct contradiction of yours, whereas you bind on the people burdens grievously to be borne, His expedients are Positively pleasurable to the sick. He Parries as with airy nothings the dread reapers scythe which your ponderous battle ax so often fails to beat aside every Patient that recovers under his gentle ministrations is a Public Protest against your Harsh and damaging Proceedure I say the people are not going to submit to these Allopathic abuses. when a Homoeopath can be secured to treat them and the closer the Allopath sticks to his present methods, the sooner he will have to go and if you think the people of Iowa are going to pass a law to protect the Allopaths in their Quackery to compel the people to submit to their damaging treatment you will be mistaken for the people are more than ever becoming aroused to the fact that the Allopaths do more harm than good that they Kill more People than war and disease combined that they cause more sickness than all other causes combined that we are drug consuming and a drug cursed nation. Well I must close

Yours Fraternally

J L Cron M D
Gladbrook Iowa

STATE OF IOWA—HEALTH DEPARTMENT.

OFFICE OF THE STATE BOARD OF HEALTH, }
DES MOINES, April 15, 1886. }

To all Persons Practicing Midwifery:

Notice is given this office that you are engaged in the practice of midwifery. The Statute requires that all midwives who began practicing in this State since April 9th, 1886, shall procure a certificate authorizing them to continue in such practice. But ALL persons engaged in such practice, whether possessing certificates or not, are required under the provisions of Chapter 151, Laws of 1880, to register their name in the office of the Clerk of the District Court of the county wherein they reside, and to make return to said clerk of all live and still-births which may come under their supervision, on blanks to be furnished by said clerk. The penalty for neglect to make such return is ten dollars for each offense since April 3, 1880. If you are not so registered, your prompt attention to the matter is advised.

The right to practice Midwifery does not include, nor give the right to practice medicine. A midwife cannot prescribe medicine for, nor treat the sick. To do so, a certificate must be procured from the State Board of Medical Examiners. The penalty for practicing medicine without authority is a fine of fifty to one hundred dollars and imprisonment. A person is deemed as practicing medicine who make a practice of prescribing or furnishing medicine for the sick.

This notice is sent you, that if you are not already registered, you may promptly comply with the law, and thereby save yourself from trouble and probable arrest, and heavy costs.

J. F. KENNEDY, M. D.,
Secretary.

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ORIGINAL ARTICLES.

"SHALL CONCEPTION BE CONTROLLED?"

BY J. A. DE ARMOND, M. D., LE CLAIRE, IOWA.

An article on the above subject appeared in the March number of the REPORTER, from the pen of Dr. Winsor, of Spirit Lake. While the doctor's ideas on the subject are not in my opinion for the best interests of society, nor indeed for the moral advancement of the sexes, yet he is entitled to credit for presenting a subject for the consideration of the medical practitioners of Iowa, especially as the subject is one fraught with the most wonderful results, being none less than the betterment, physically and morally, of the race. All that has been written about the evil effects of the utter and complete disregard of the simplest as well as the more intricate problems touching the upbuilding of a generation that shall be an improvement on the one that preceded it, is true and painfully true. Care of the most rigid and vigilant character is exercised in the breeding of horses, cattle, sheep, hogs, and in fact all the lower animals. Years of observation and experience have demonstrated that if the issue be the result of the congress of two of the most nearly perfect specimens of the sexes, it will be an improvement on its parents. In other words, that blood will tell. By careful selection the fleetest horses, the finest cattle, sheep, hogs and dogs in the world have been evolved out of common breeds. Care as to each detail has been neces-

sary to do this. The male has been in the pink of condition. The female has been cared for, and all the little details which go to make up first class care have been hers. All this shows what can be done even among the lower animals if the proper effort is made. It matters not what animal it may be nor what point of usefulness in the animal economy it may fill it can be made to better fill that place by careful breeding and raising.

The human family is only a higher class of animals; and is it not strange that there should be so much care exercised in the breeding of horses and cattle and sheep and hogs and so little in the rearing of a people? How many doctors in Iowa have been consulted in the last decade by men or women about to enter the matrimonial state as to the advisability of the step considered in the light of future issues? I feel very sure they are not "too numerous to mention." The prospective heads of families do not look that far. The question of fitness physically is seldom looked at. Robust men will marry little deformed women and *vice versa*. The fact that consumption, scrofula, cancer or any one of a dozen other taints is strung along in a family history for generations never has a terrifying effect. In truth too many marriages are nothing more or less than passion matches. The question of eternal fitness seldom comes up, and if perchance it does come to the surface, it will be sure to be ruled out by a sentimental allusion to an affection that is popularly supposed to lie in the heart instead of in the cerebellum. When the utter disregard of the laws that underlie heredity and perfect physical and mental development is noted, the only wonder is that we are not a race of invalids. Every doctor in the land knows that a woman whose body is deformed, whether as the result of toadying to silly fashion or because of an inherited disease, should never have a child, however much she may covet the joys of maternity, or however able she may be to give that child an education and the advantages which wealth can give. Every doctor in the land knows too well that a man whose body is the store-house of disease, or whose organs are inflamed or functions disturbed by the use of alcohol or drugs, or whose procreative powers have been sapped by habits of debauchery or vice is not in the least fit to impregnate a pure woman. What chances has the offspring of such a father? The narrow chested weakly children of such parents are not fitted for the battle of life. They are the misfits in the human family.

It has been argued that if some simple means of preventing conception were placed in the hands of the laity there would be fewer children born who are not wanted—fewer accidents in short. Now as a matter of fact there can be no question but that there is too much known about this matter now, and it so happens that the wrong people know it. The people who are abundantly able to rear children, who can give them all the advantages of a good education and start them on the road to success in life, these are not the people who are overburdened with children. It is the poor people who have the babies nowadays. Very often they give the children ruddy constitutions, which is too often more than the rich can do, but where they could care for and fairly educate two or three children, they have a dozen, and in the end they educate none of them. The laboring classes all over the country are clamoring for higher wages, while at the same time they are encumbering themselves with children they know they cannot rear in a way that will give those children a half a chance in the battle of life. I hold that a man and a woman, who will, for the gratification of a passion that ought to be viewed in the light of a sacred trust, continue to bring into the world a string of children that both know cannot be given any sort of a chance are not good citizens, and are not very far removed from brutes. How often do we hear some pig of a man say over the arrival of the latest bit of humanity, "Well, the Lord will surely fill all the mouths he makes." In truth the Lord won't fill the mouths of anybody. He in his infinite wisdom does remarkable things; one of which is to let so many monsters beget children, but he does not fill the mouths of children born out of lust or in sinks of crime and ignorance.

What then would be the proper thing to do to upbuild a race? Some ancient nations killed off the weakly children. That was regarded in later times as inhuman, and in the modern view of the final survival of the fittest it was barbarous, but it accomplished one end: it made a race of stalwarts. In our modern race for intellectual laurels we have forgotten the physical man. Sympathetic humanity builds magnificent institutions for the shelter and care of misfits of humanity, but no effort is made to stop the crop. All this means that we are working at the wrong end of the evil. The taxes are in many places becoming very burdensome, but still the feeble minded and the imperfect ranks fill up, and something must be done to lessen the crop.

In our body politic we are working at so many questions that this the most vital of all questions has been forgotten. The remedy is in education. Not the remedy that will correct all the trouble but some of it. Our legislature did a very wise thing when it proposed to have the effects of alcohol on the system taught in our public schools. That great question of temperance is demanding an answer, not only so far as it effects those who drink, but also because of its effects on the unborn. Dr. Mays, of California, an acknowledged authority, says of insanity: "One half of the insane owe their derangement to hereditary influence, inheriting an ancestral taint or disposition. The families of intemperate parents furnish the recruiting ground for insane asylums. The unfortunate children, if not idiots or epileptics, are liable to grow up with querulous, explosive tempers, with feeble powers of self-guidance, weak in temptation, unstable, self-indulgent, vicious, hysterical." And yet on this very question the medical fraternity are not a unit. Leaving out of consideration the questions of how sobriety may best be attained, it is a lamentable fact that the profession is not arrayed on the side of truth and fact simply because it may be unpopular. The medical man whose daily walk and work for years has been where he must see, has learned to his sorrow that the use of alcohol as a beverage is a curse to the race, and that it makes no muscle, and if he is afraid to tell the truth then he is a disgrace to the cloth he wears. Let him stand up like a man and though the heavens fall denounce a habit that lures men to ruin. When the time comes, and it is some distance away yet apparently, when medical men will be honest and speak out like men the things they know, then, but not until then, will they receive the credit which is given to honest worth and honest stewardship. Then this subject of the limitation of the human race, which after all is the way to put it, is one for education to settle. It is a question that must be settled. To give a simple rule for the limitation of progeny would be to open the flood-gates of immorality so that virtue would be a rarity. Sad as it may be it is none the less a fact that the fear of conception and subsequent discovery and disgrace keep countless thousands of young women within the fold of virtue. In view of the vice and immorality that are stalking through the land raising riot in every village and city in all this country, let us not open the bars any wider. Rather let us close the gap. Let us urge the sacredness of the procreative act, and if in the face

of example and precept men will be brutes, we as professional teachers who see more of this vice and crime than the rabble dreams of, we, I say, cannot be blamed for assisting in the degradation of a people who through ignorance and a blind determination not to see the pitfall would be only too glad to have somebody to blame for their folly.

How many medical men have the courage to tell parents that their daughter had better a thousand times live and die an old maid than wed a man whose body is soaked with alcohol? The people want to be taught that a man whose hide is full of liquor is not fit to impregnate a pure ovum. It has come to such a point nowadays that if a man keeps pretty sober in public he is not regarded as a bad match if he has cash. We as physicians know that if his body is soaked with alcohol he is unclean, he is rotten and he cannot beget a child that has a sound body and a sound mind. Physical purity means that the bodies of both parents are pure.

Another step in the right direction in our State is the teaching of physiology in our public schools. The laws of health, the simpler facts in regard to foods and a knowledge of one's self is a move in the right direction. The coming years will enlarge on this start, and we as physicians should do all in our power to encourage this effort to teach the people how to live in order that they may live happily and rear families of healthy children. But do physicians always do this? When the question of text-books on physiology for common school use came up in a village in Iowa not many months ago, a medical man on the board of directors said that the whole thing was nonsense, that all it would amount to would be to call the attention of boys and girls to their generative organs. Of course this is an extreme case, but it shows how the ignorance and prejudice of a man who ought to know better may cast a damper on a praiseworthy cause. Very often I think medical men decry all these moves toward educating the common people, fearing that they may result in abridging the field of practice. This is a view so narrow that no physician who has a proper respect for his calling can help being ashamed to openly admit its possession.

The great questions of the hour are not prohibition and license, or the ascendancy of political parties; it is not the adjustment of differences between capital and labor; it is not the hair splitting and grain weighing adherence to the code of medical ethics; it is not the fruitless search after specifics; it is the education of the masses in how to live that

they may live happily. I hold that that medical man who employs his time and talents in teaching his fellow men the laws of life, and the principles underlying them is a greater man than he who devises schemes to prolong the lives of an imperfect race. No chain can be stronger than its weakest link. Then strengthen the individual links and the whole will take care of itself.

The moral standing of both sexes demands that the unmarried shall be pure. The intellectual and physical vigor of the race demands that the married shall not abuse themselves. The fact that the marriage of two people unites their lives does not also assert that it raises the bars to sexual debauchery and sexual abuse, and if it is necessary to keep the young of both sexes pure, that fear of conception and subsequent disgrace is paramount, and it most certainly is at least a very powerful factor, then don't remove that fear. The end will justify any means. How much better it would be if the end feared were more certain in its fulfillment. The laws of consanguinity are inviolable. Perfect and rich fruit does not grow on scrub oaks, neither do scrubs of men and women rear children approaching perfection in any sense. The time must come when the imperfect specimens will be viewed as they ought to be, namely as the offspring of vice, impurity and beastliness. Let us as physicians take the honorable and right stand. Then futurity will commend our judgment even if our influence to remedy the evils of our time were not all-powerful.

“MECHANICO-THERAPY” IN HIP, AND OTHER ALLIED
JOINT DISEASES, WITH SERIES OF ORIGINAL
INSTRUMENTS.

BY A. J. CRAWFORD, M. D., DES MOINES, IOWA.

[Read Before the Iowa State Medical Society.]

I have to present to you a series of original instruments that I have designed and constructed to carry out a principal of Mechanical Therapeutics in Joint Diseases; the leading idea being to practically apply the principles of elastic extension, which was first introduced by Prof. Barwell, of London, in the treatment of Talipes, and since applied by Prof. Roberts, of New York, for linear traction in the treatment of Hip and other allied Joint Diseases.

I claim for my series of instruments originality only in the construction of the instruments, and the practical application of the already established principle of Mechanical Therapeutics. These instruments are offered as a substitute for manual support, and are so constructed that they will secure to the patient the maximum degree of protection to the diseased areas involved in chronic joint diseases, without confining the patient in bed. The principle upon which these instruments are constructed, will, upon examination, be found to be widely at variance with various kinds of apparatus generally used for this purpose, with the exception of Prof. Robert's instruments in which he applies the elastic extension principle, but the construction of his apparatus is materially different. My aim has been to construct an apparatus by which the principle of elastic extension could be applied in the most practical and simple manner possible. We are indebted to the genius of Dr. Henry G. Davis, our own countryman, who over thirty years ago gave to the profession the first hip joint apparatus by which the principle of extension was applied; and, although since materially modified and improved, it has not met with that general acceptance by the profession at large we think it so eminently deserves. Whether this be true or not the fact remains, that the majority of the profession the world over, to-day hold to the principle of “Fixation” as being paramount in the treatment of

joint diseases; and with a view of carrying out this plan of treatment various forms of "fixed" and enveloping splints have been used.

Why, and upon what grounds, the establishment of this theory rests, are pertinent considerations. One author goes so far as to make the sweeping statement that "Immobilization of the diseased joint is indicated by every feature of the pathology revealed in morbid specimens;" "a simple assertion, unaccompanied by any explanation as to how it is that abolition of articular motion is such a potent factor in promoting the reparative process." But, will a careful clinical study of this subject substantiate this long accepted theory of "Fixation?" We venture to assert that in a careful clinical analysis of a typical hip joint case, it can be fully demonstrated that the relief afforded is due, not to the immobilization of the joint with rigid splints, but that the methods employed produce results diametrically opposed to the very principle of treatment it seeks to accomplish.

I will review, in brief, a few of the theories that have been held by the profession in the mechanical treatment of joint diseases, and, peradventure, re-inforce the principles involved in this new departure of "Mechanico-Therapy" in hip and other allied joint diseases. In reviewing the therapeutic ideas, drawn from clinical sources, we hear and read very much about "Fixation", or so called "rest" of chronically inflamed joints, and a principle, too, that has been quite universally accepted and adopted by the profession. Shall we say that it has been handed down as a dictum, or has it, in the light of a careful clinical investigation, been thoroughly substantiated as a rational clinical factor? Research after an explanation of the theory of this principle of "Fixation" is anything but satisfactory; in fact, there is nothing approaching a rational solution, but the simple assertion, and is it not the right of the student to demand at this present age of clinical opportunities more than dogmatic statements? When things look plausible at first sight it is a common fault to accept them, without inquiring further into the true spirit of the same. That we may approach at least a solution of the question in point, we will look to the clinical history of a typical hip joint disease, and draw on our imagination to the extent that we have before us for examination one of these little sufferers, posing, as it may be, upon his cot, or lying upon the examination table, awaiting the supposed ordeal that has been intimated to him. In the majority of cases he will have his feet crossed with the un-

affected limb usually placed behind or under the diseased member, or supporting it by a pillow, or other clothing. The common interpretation of this condition is, that it is the instinctive desire on the part of the child to "fix" the diseased joint surfaces so that no motion may take place. As you approach him his anxious, corrugated expression reveals his apprehensiveness, and perhaps he will cry out with pain before he is touched; or if he is old enough, will insist that you do not touch him. Now, what is the lesson to be drawn from this clinical observation? Is it not simply this, (and if the patient is old enough he will inform you) that the slightest jar or motion of the limb gives him pain. Now, under these conditions, this would be apparent to the most casual observer, and who would be so incredulous or deficient in perception, to even intimate but that this object lesson established, beyond a doubt, that this was nature's effort to "fix" the joint; hence, establishing the therapeutical principle of "Fixation" in treatment. Here the matter is rested with confidence.

With this accepted dictum of treatment, numerous and multiform have been the devices applied, with the object of supplementing the supposed use of the unaffected limb as an immobilizing splint. To tabulate all the different kinds, and describe the various methods, would be extremely tedious; but in a word, I will say, that they were all applied with a view to locking up the joint. The substance used was non-resilient, rigid, and very unlike in quality that of manual support.

I will next briefly allude to the principle of extension, or traction in the line of the deformity, which has gained wide acceptance as a valuable agent in alleviating pain, and controlling reflex muscular contraction. While the majority of the profession, perhaps, throughout the world, hold to the one idea of "Fixation" as being all that is indicated in treatment, a large number accept the principle of extension, and apply it in conjunction with "Fixation". With the advent of this principle of extension came the necessity of renewed ingenuity in the way of devices to carry out the combined method of immobilization, and linear traction, and in the construction of all these instruments for the co-employment of these principles for the horizontal decubitus, and other positions that the body should assume, they have all been with but one or two exceptions, rigid, non-resilient, and unlike manual traction.

Now, having reviewed with fairness the claim of the "Fixationists" and "Immobilizationists," let us return to our little patient, and challenge

the correctness in the light of this clinical phenomena. Regarding the idea of "Fixation" first, was it nature's effort of the little patient, or did he succeed when in the position referred to, in "fixing" his hip joint? Was it not an effort to simply support the affected member rather than to "fix" it? What significance shall we attach to the condition of reflex muscular spasm? Is it to be explained, as one author would have it, that it is simply "nature's effort to 'fix' the joint" or is it not a condition wholly dependent upon, and accountable to certain physiological laws, namely, those of Mr. John Hilton and Schroeder van der Kolk, which is substantially as follows: "That all striated skeletal muscles are directly connected with, abundantly permeated by, and called into action through the mediation of nerves, and furthermore, that so long as the muscle retains its irritability; and the nerves connecting it preserve their conductivity, nerve stimulation must in muscular contraction". With this rational solution it seems easy to account for this phenomena of reflex muscular contraction in the hip, and other allied articular diseases, on the ground that the delicate nerve filaments, which are supplied to muscles moving the diseased joints are derived from the same source, as those passing into the area of bone involved by the disintegrating inflammation, and that these latter are unduly pressed upon or otherwise irritated, which irritation is transmitted along the course of the nerve fibres to the muscle giving rise to their involuntary contraction." With this solution of reflex muscular spasm we will again gently grasp the diseased member of our little patient directly below the knee with one hand, and the other upon the posterior portion of the thigh, exerting additional manual support. My patient experiences immediate relief, which he evinces by the change of facial expression; but is this due to "Fixation?" To my mind, it requires only a second proposition to answer this interrogation. Is it possible with the human hand to hold any object in a fixed position? We can afford efficient support to the disabled member, but we cannot exert a "fixed" or non-resilient force. Still greater support can be furnished the diseased member by the additional application of resilient, circumferential pressure. Now, if we conduct our examination further we find that with this uniform manual linear traction we can make movements at the joint, with great freedom to a certain point, which limitation is dependent upon intra and extra articular infiltration. This can be done, in most cases, without any discomfort to the patient

whatever, so long as the manual traction is sustained; a traction which is elastic and resilient, affording the articular surfaces an opportunity in their movements to conform to the irregular contour of their surfaces, which any and all *rigid, and non-elastic* extension splints cannot do.

Now, to recapitulate, and review the "Mechanico-Therapy", and summarize the conclusion based upon the foregoing clinical phenomena. It is apparent that our efforts to relieve the patient were *not* due to "fixing" and immobilizing the inflamed articulation but the affording of *adequate resilient support*, and that the "Fixation" idea so generally accepted by the profession, as advocated, is a misnomer, *and not founded upon accurate, thorough, clinical conclusions*. Had this clinical analysis of the *quality of force* exerted by the human hands been studied by surgeons years ago, there would have been no place for rigid splints; elastic, tensile instruments admitting of movement would have been substituted for manual traction, and there would have been fewer ankylosed joints to reflect upon the Science of Surgery.

And in summing up, I fully indorse, and have endeavored to substantiate the fundamental principles now taught by Prof. Roberts, of New York, in the mechanical treatment of joint diseases, which are substantially as follows: "1. That adequate resilient force can be applied to the affected limb of the hip-diseased patient without his experiencing, in consequence thereof, a feeling of irksomeness. 2. That artificial support, the quality of which is tensile, (not rigid) is that which is indicated from an examination of the patient as desirable to be employed. 3. That resilient circumferential compression is a potent factor in overcoming or preventing reflex muscular spasm, and probably has more to do with its nullification than "Fixation" of the joint, or even simple resilient support. 4. That elastic linear traction is the only kind or quality of traction that has been demonstrated to be serviceable from an examination of the patient, and that it is fully adequate to the rapid subduction of reflex spasm. 5. That the combined use of efficient resilient support, firm, tensile, circumferential compression and elastic linear traction, renders the patient more comfortable and more quickly subdues reflex spasm, than the independent use of any one or two of these measures; and that during the continuance of their conjoint use, articular motion can be made without the slightest discomfort to the patient, the extent of such motion being largely dependent upon the bulk and consistence on the inflammatory products in and around the joints."

The above conditions, we believe, are deducible from clinical sources.

SUMMER COMPLAINT—ITS PREVENTION AND CURE.

BY A. E. GREGG, M. D., PANAMA, IOWA.

The heated term is rapidly approaching when we, as physicians, will be called upon to combat the fatal tendency of those gastro-intestinal disturbances, occurring among infants and children, which come under the general head of summer complaint, comprising simple non-inflammatory or functional diarrhœa, illeo colites, dysentery and cholera infantum. The last term being only applicable to those cases, characterized by the true choleraic discharge, and often applied indiscriminately to all cases of infantile diarrhœa occurring in hot weather.

The great mortality of the summer diarrhœa of infancy, and the difficulty of controlling it leads us to enquire dilligently, first, as to the best preventive measures to be adopted; second, as to the treatment which secures the lowest average death rate. Dentition, a high temperature, and improper feeding are the well known causes of this malady. Of the three named, improper feeding is perhaps the most fruitful cause. We are often called upon to attend infants from twelve to eighteen months old that are taken to the table and stuffed with such things as potatoes, hashed meats, rhubarb pie, etc.

This unwholesome diet impairs the digestive powers of the stomach and intestines, resulting in disease of these organs. The butyric and oleic acids formed by the fermentation of these indigestible substances, stimulate the internal follicles to excessive secretion, and increase the peristaltic movement of the bowels.

The frequent sour smelling fecal discharges evidence this fact. Too early weaning of infants during the hot months should be avoided, even though indicated by the existence of menstruation or pregnancy. Eminent writers contend that it is often better to nourish the child at the breast until cool weather comes.

Specially prepared statistics show a vastly greater mortality among artificially fed infants than those nourished at the breast. Restricted feeding, or nursing with a liberal supply of water to quench thirst during the intervals would certainly do much in the way of prevention. The

intense heat of midsummer is a factor in the causation of infantile diarrhœa that is not easy to eliminate, and yet much can be done to counteract its effects.

Heat acts in two ways in causing the mortality due to summer diarrhœa. Directly by its depressing effects upon the nervous system, thereby enfeebling digestion, and weakening and increasing the number of heart beats. It acts indirectly by causing fermentative changes in the food of artificially nourished children, and in the surrounding filth generating, and liberating poisonous vapors. Here judicious bathing in conjunction with scrupulous cleanliness are preventive means plainly indicated. On the effects of a high temperature upon the public health, Prof. Stephen Smith, in an exhaustive monograph has thoroughly discussed the effects of warm and cold bathing. The cold bath is greatly used for cooling the body, as it rapidly abstracts heat surface conduction, the temperature rapidly falls. By constringing the vessels of the skin, however, the blood is forced to the internal organs, increasing their functional activity, and hence as a secondary effect heat is produced. At the same time the mass of blood by leaving the surface ceases to remain in contact with the cold medium. After this temporary rise the temperature soon falls to normal and equilibrium is restored. The effect of a cold bath upon the body would thus be represented by a curve indicating first a fall, next a rise, and finally a return to the average. When a warm bath is used heat is communicated to the body by conduction, and the temperature is elevated. At the same time by relaxation of the blood vessels and skin, a larger volume of blood is brought to the surface where it is cooled by evaporation, thus lowering the temperature of the internal viscera. In a warm bath the temperature curve first rises, next falls below normal and then reaches the average.

An increased coolness follows its use, while a sensation of warmth often follows a cold bath. Wunderlich states that in tropical countries, and in very warm seasons, no means of cooling is so lasting as a bath or douche of very warm water. The bad effects of excessive heat can then be obviated to a great extent by giving them a suitable bath every afternoon.

Children that are old enough can be placed in a tepid bath and allowed to play for an hour, whilst those that are too young can be sponged off

frequently, using warm or tepid water, to which a little vinegar or alcohol has been added to aid evaporation.

In regard to treatment I shall speak but briefly. In the non-inflammatory diarrhœa in infants and children minute doses of calomel from one-sixth to one-twentieth of a grain with a grain of ipecac every two to four hours has given good results in my hands. The greenest stools containing mucus, and sometimes streaked with blood, and tended with a good deal of pain, usually rapidly change in character under this treatment. Ipecac alone, which is specially indicated when there is much straining—a harsh dry skin, the tongue dry and pasty or glazed, is highly recommended by Robt. Bartholow, and has proved very satisfactory in my hands. But I will pass by the numerous remedies familiar to us all in the treatment of bowel troubles in children, and speak of one which I saw recommended by Dr. Wm. P. Watson, of Jersey City, namely benzoate of soda. During the heated term of last summer I used this remedy in a number of cases of diarrhœa and cholera morbus with most pleasing results. In many cases the vomiting and frequent painful stools ceased within a few hours after giving the first dose. I regret to say that I have not kept a record of the cases in which this treatment was used, and I can therefore give you no detailed account of the results. But I hope the members of this Society may deem it worthy of a trial, and that we shall hear more favorably of it in the future.

The dose is one grain for every year of the child's age, up to fifteen grains, to be given in water or simple elixir every hour until relief is obtained. I shall not speak of the use of stimulants in these cases, or discuss other methods of treatment, but will conclude by asking my fellow members to give this one remedy a fair test.

REPORTS OF CASES.

A (CRAW) FISH STORY.

BY R. L. STUART, M. D., DES MOINES, IOWA.

The following remarkable and unusual case was reported by Dr. Stuart in person to the writer. The history is as follows: About the tenth of May, 1887, the doctor was called to see Miss Mc——, a little girl four years of age. The parents of the child gave the following history: About two years ago the family went for a holiday, on a picnic and fishing excursion. The child was given some slough water to drink. Like other slough water it had some sediment in it which was noticeable to the parents. The parents of the child live in Des Moines, and have used hydrant and well water exclusively for drinking purposes since the above date, and, further, the child has not had an opportunity to drink slough water since this fishing excursion.

A few months after, the child complained of gastric and intestinal trouble, having "spells" or "spasms" which were always preceded by the pain. The child had been treated at different times for nervousness and the usual complaints of children, but to no purpose. When Dr. Stuart saw the child, the abdomen was enlarged, there was a bunch in the right inguinal region. The child presented the general symptoms of worms. The doctor administered an anthelmintic and calomel. The morning of the fourteenth the child passed with the feces a full grown craw-fish, which was perfect, and from appearance had been dead but a short time.

The doctor does not think that he has been imposed upon, and does not see how it can be possible. He was present a short time after the passage and assisted in separating the craw-fish from the fecal matter. Since the passage of the craw-fish, the lump in the right inguinal region, the pain and the spasms have disappeared, and the child is apparently well.

CORRESPONDENCE.

UPON CHRISTIAN SCIENCE.

FROM O. G. M'CAULEY, M. D.

SANBORN, IOWA, May 27, 1887.

DEAR EDITOR: It is not my intention to enter into the minutia of the so called Christian Science, nor endeavor to disprove the theory, but merely to give the readers of *THE REPORTER* an idea of the extent to which it is being carried on here, and the results. Possibly there is no town in Iowa that in proportion to its population, will furnish more followers of Christian Science than Sanborn. And no community has ever suffered more from a financial point from the street faker or traveling quack than has this, at the hands of these pretenders; in fact, our town is becoming quite noted in this direction.

We have five practicing metaphysicians, one male and four females. The females seem to get the greater part of the practice, two of them being so busy some of the time that they are obliged to turn patients away, being unable to treat them. When they first commenced the practice they were very cautious in the selection of their patients, being careful not to attempt the treatment of any bad cases; but now, they are bold and will undertake any disease, a common headache to a cancer, a tumor, or pulmonary consumption, and, I am told, some of them are really practicing obstetrics and surgery.

The more intelligent class of people, however, are becoming disgusted with it. Almost all of the chronics in town and adjacent county have had a course of treatment; some, claiming to have been benefited, while the majority denounce the treatment and call it a humbug.

It is my observation, that in no case has there been any benefit, in which there was a pathological change, or an organic lesion other than that which nature unaided would have given. I think however that a few of the nervous, hysterical or hypochondriac type have received some temporary benefit, through excitement, change of diet and scenery, and the influence the meta-physician had over them.

They are very dishonest in their statements; speak to them in regard to any case in which they have failed, and they will deny of having had anything to do with it. The greater part of their patients come from abroad, and if from among them one of the hysterical type already spoken of, receives any temporary benefit, which is often the case, the fact is heralded through all the local newspapers of the county that Mrs. Smith who was given up by all the more eminent physicians in the land to die has been completely restored to health by a meta-physician of Sanborn, or some other place as the case may be; and let the patient be an incurable or one having a disease in which there is an organic change, and you will learn through the papers or some of their drummers that the patient is not quite so well, has a great deal of pain, etc., but, that the pain is a good sign, as it is caused by the "chemicalization" of the truth and chemical contact, hence, the commotion. Next we learn that the truth has prevailed over the chemical and that the patient is gaining; this last report continues as long as the patient's pocket book is not empty, or until he becomes thoroughly disgusted with the witches. We then learn that he has returned home slyly and mysteriously.

Now, Mr. Editor, it does seem to me that there should be a concerted effort on the part of the profession to blot out this evil, by disclosing its fallacies. It is a disgrace that such knavery is allowed to prevail, under the title of the science of the healing art.

If our present Iowa Medical Law is not sufficiently strong to control such evils, make it so, repeal all medical laws, and let every one practice as he chooses and in the manner he chooses. I would like to hear from the editor or others of the profession on this subject.

MORE, MORE, MORE.

IOWA STATE MEDICAL REPORTER,

June 1st, 1887.

Des Moines,

DEAR SIR: Since your valuable JOURNAL has become so unphilanthropic as not to visit us without more substantial succor than our (illustrious) Ill-Lustrous name upon your subscription list, we enclose the necessary Two Dollars, with thanks for past favors.

Very Truly Yours,

H. D. E.

SOCIETY REPORTS.

SHELBY COUNTY MEDICAL SOCIETY.

HARLAN, IOWA, May 26, 1887.

Shelby County Medical Society met in regular session at one o'clock p. m., Dr. E. A. Cobb, President, in the chair. Dr. G. E. Townsend was made a member of the Society.

This being the annual meeting the election of officers was held with the following result: President, E. A. Cobb, M. D.; secretary, J. C. Dunlavy, M. D.; vice-president, N. J. Jones, M. D., Shelby; treasurer, E. J. Smith, M. D.; censors, E. B. Moore, M. D., Harlan, John Smiley, M. D., Shelby, A. E. Gregg, M. D., Panama.

Dr. Gregg then read a very interesting paper on "Summer Complaint—Its Prevention and Cure." The paper was discussed by Drs. Jones, Smiley, Moore, Waite, Smith, Dunlavy and others. The Society decided to hold a clinical session on the last Thursday in each alternate month for the purpose of consultation in important cases.

After a very pleasant exchange of ideas the meeting adjourned to meet on the last Thursday in June.

J. C. DUNLAVY, *Secretary*.

SCOTT COUNTY MEDICAL SOCIETY.

Minutes of the Scott County Medical Society, held at Academy of Science, Davenport, Iowa, Feb. 3, 1887.

President Dr. Allen in the Chair.

Members Present—Drs. Tompson, Braunlich, Preston, Allen and Crawford.

Minutes of the Annual Meeting read and approved.

The motion to change the time of monthly meeting from the first Thursday to the first Wednesday evening of each month, of which Dr. Tompson gave written notice a month previous, was moved and carried.

Dr. C. H. Kinnaman's name was presented for membership, and referred to the Board of Censors.

Dr. McCowen could not be present to read her paper on Uterine Moles as was announced.

Dr. Preston presented notes on Current Medical Literature.

Adjourned.

J. P. CRAWFORD,

Secretary.

MADISON COUNTY MEDICAL ASSOCIATION.

APRIL 7, 1887.

At a meeting of the Madison County Medical Association, the following resolutions were unanimously adopted:

WHEREAS, We have learned with deep sorrow of the death of Dr. Jennie Foster, of Plattsmouth, Nebraska, who for many years was a resident of our county and city, and a student of Dr. S. B. Cherry, one of the Charter members of our association, and a graduate of the College of Physicians and Surgeons, of Keokuk, Iowa. Her devotion to the profession is worthy of our highest emulation, and

WHEREAS, We recognize the fact that woman is in her legitimate sphere where engaged in the practice of medicine, therefore,

Resolved, That this society extend their deepest heartfelt sympathies to the stricken family, and may they remember

There is no death, the stars go down to rise upon some fairer shore,
And bright in Heaven's jewelled crown, they shine forever more.

And may they with us take comfort from the fact, that her work was crowned with a milk white flower of a stainless life.

Resolved, That a copy of these resolutions be spread upon the minutes of this association, and that our county papers be requested to publish the same, and that a copy be forwarded to THE IOWA STATE MEDICAL REPORTER, and one to the bereaved family.

Dr. W. L. LEONARD,

Dr. J. V. NELSON,

Dr. H. E. W. BARNES.

Committee on Resolutions.

QUARTERLY MEETING OF THE BUCHANAN COUNTY MEDICAL SOCIETY.

The Buchanan County Medical Society met in regular session at Dr. Hunt's office in this city on Thursday, May 11, with President Hill in the chair.

The meeting was called one week in advance of the usual time in order to elect delegates to the State Medical Society, to be held at Sioux City, May 22.

The following members responded to roll call: Drs. Hill, Wilson, Markham, Weir, Hunt and Dwyer.

Dr. Bliss's application of last meeting for membership to this society was favorably acted upon by the Censors, and he was duly elected. Applications for membership were also made by Drs. Tyler, Chandler, Shine and J. A. Ward, and referred to the proper committee.

Dr. Weir taking the chair, and upon the suspension of the rules, Dr. Hill was re-elected President by acclamation, and took the chair. Dr. Weir was then re-elected Vice-President, Dr. Shellito, Treasurer, and Dr. Dwyer, Secretary; Drs. Wilson, Weir and Ward were re-elected Censors.

Our Society being allowed three delegates to attend the State Medical Society, the following named were chosen: Drs. Dewey, Hunt and Bliss. To attend the American Medical Association to be held at Chicago, the following delegates were selected: Drs. G. B. Ward, S. G. Wilson and A. G. Shellito, and as alternates, Drs. Hill, Markham and Weir.

Dr. Hill read a paper illustrating the effects of aspirating for Cystic Distension, which was discussed by all present.

The president appointed Dr. Markham to report to this society the proceedings of the State Medical Society at our next meeting.

Dr. Weir was appointed by the president to report a synopsis of the proceedings of the American Medical Association at our next quarterly meeting, and Dr. Bliss was selected to read a paper.

Adjourned to meet at Dr. Shellito's office, on the third Thursday in August.

G. H. HILL,
President.

W. G. DWYER.
Secretary.

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OBITUARY.

BIOGRAPHICAL SKETCH OF THE LATE PROF. WM. S. ROBERTSON, A. M., M. D.

BY WM. O. KULP, D. D. S., DAVENPORT, IOWA.

The subject of this short sketch was the only son of Dr. James M. and Marie (*nee* Armstrong,) Robertson. He was born June 5th, A. D. 1831, at Georgetown, Penn. At an early age his parents moved to the then far west, settling in Burlington, Iowa, where the lad grew to manhood, many of his early associates being Indian boys, whose language he learned to speak fluently, and among whom he became very popular by his daring and courageous disposition. It was here he took his first lessons in horse-back riding—soon becoming an expert rider—being known by the Indians as “the fire boy” because of his red hair and florid complexion, and fearless riding. This early influence was the stepping stone to his after love of horse-back riding, for up to his death, he was conceded by all, to be one of the most graceful riders in Iowa. The more wild and courageous the animal the better he was pleased. He always owned horses that none but himself dared to ride or drive. Many a wild “Dick Turpin” ride over the wild, rough prairie, have I had with him, after one of these uncontrollable steeds. Nothing pleased him better than to induce a “tender foot” into his buggy and start off for a ride of ten or twenty miles, at a breakneck gait. Our friend’s educational advantages, were those afforded in the public schools of those days. However, by the aid of his parents, he was prepared to enter Knox College at the age of seventeen years; but his wonderful push and close application completely broke down his health, so that he was obliged to give up his studies before graduating—an event in his history which he always regretted. About this time his parents moved to Columbus City, Louisa Co., his father being urged to settle there, by a colony of Tennesseans and Pennsylvanians, mostly seceders and covenanters. Here our friend was brought in contact with entirely different influences, which aided much in developing his great good nature and moral instinct.

In the year 1852 he entered his father's office as a medical student. In the autumn of 1854 he attended his first course of medical lectures at Jefferson Medical College, Philadelphia, returning the following year. He graduated March 8, 1856. After his graduation he located at Columbus City, and began the practice of his profession, associated with his father. Here he remained for twelve years, in the enjoyment of one of the most brilliant professional careers. His tastes were early directed to surgery as a specialty, and as there were not many physicians in that vicinity who cared much for this branch of practice, he had any number of opportunities to gratify his ambition in that line, thus becoming an expert surgeon, patients flocking to him from far and near. While he did enough surgery almost daily to exhaust any ordinary man's vitality, he would visit patients nearly all night, riding in a circuit, forty to sixty miles before morning, and then only taking a short rest before repeating the program. He was sensitive, conscientious, disposed to be faithful to any trust, which made him a faithful and true physician, ever alive to the interests of his patients, never allowing anything to interfere with his appointments with them, not even the taking of needed rest or food; his first duty was ever to his patients. He was a close observer of men and surroundings, which made him an enemy of evil doers. Credit was due him for breaking up many gangs of horse thieves, and other evil doers, and finding the whereabouts of much stolen property, more especially of stolen horses. Much might be said of interest in relating to personal exploits, illustrative of the varied phases of our friend's character and nature, but this I have not space or time to do.

Dr. Robertson was a close and faithful student, not only in professional matters, but devoted much attention to general literature, finances, and to the general events of the day. He gave a great deal of study and attention to the literature of his profession, reading all of the best journals, as well as the new books on the various subjects as they came from the press. He was much interested in medical education, was active in establishing local and other medical societies, and was seldom absent from their meetings. He had an unusual jovial disposition, was the life and light of all social events, in which he took part. During the winter of 1858-59, the Dr., with the writer, belonged to a private military company, where we spent much time in the study of military tactics, in which he became an expert, so that when the sound of war was heard in

the spring of 1861, he buckled on his sword and offered himself to his country's service in defense of his country's flag, which he ever revered. He was mustered into service July 13, 1861, as Maj. of the Fifth Iowa Regiment of Volunteers. The regiment went to the front in July, doing guard duty until March 4, 1862, when it was put under its first fire during a night attack in front of New Madrid. Two days after the Major was in command of the Skirmish line, and was made the special target of the enemy's sharp shooters; they put five bullets through his clothes, killed his horse under him, and clipped the hair over both of his ears, and yet did not hurt him. The Commander of the expedition, Col. Granger, of the 2nd Michigan Calvary, in his report said: "It affords me much pleasure to corroborate every statement concerning the modest but gallant Major Robertson. His officers and men, under a terrific fire of round shot and shell, for some hours behaved like veterans, and quite surprised me by their coolness and indifference to the danger by which they were surrounded. Major Robertson was especially conspicuous, never dismounting from his horse, although the enemies sharp shooters tried their best to pick him off." The Major was with his regiment at Corinth. Near Reinze, Miss., Major Robertson while on picket duty and making a tour of inspection, with an escort of six dragoons, was cut off from camp by two companies of rebel infantry; the Major took in the situation at a glance, whispered to his escort, "will you follow me?" put his spurs to his horse, and he and his troop dashed into and through the company's lines like a tornado. The rebels fired too late and the Major and the men reached the Union lines unharmed, though saber and carbine laid several of the enemy low. The Major commanded the left skirmish line of the army of the Mississippi in front of Corinth at the time Beauregard evacuated that stronghold. He was with the fifth at the battles of Corinth, Iuka, Champion Hill, and in the dreadful slaughter of the McClernand charge on the fortifications in front of Vicksburg, Nov. 22, 1863. Major Robertson resigned his commission July 23, 1863, for reasons not necessary to mention here; suffice it to say it was not on account of his lack of courage or soldierly conduct; but on account of treachery in his superiors, who saw his star brightening too rapidly, and wished him out of the way. If the Major had remained in the service, he would undoubtedly have worn a Major General's star. I make this eulogy on my personal knowledge of the man's nature, daring,

dashing, courage and skill as a soldier. After his return from the army he resumed his practice at Columbus City, to the great delight of all his old friends and patients. He spent the winter of 1868 and 69 in Bellevue Hospital, New York City. In the spring of 1869 he removed to Muscatine, where he was not unknown, and at once gained of the largest medical practices in Iowa, which he retained until his untimely death occurred.

At the opening of the Medical Department of the Iowa State University, he accepted the chair of theory and practice of medicine, which he filled with very great success and credit to himself and the upbuilding of the Department, he was one of the most pains-taking teachers. He would re-write his lecture course every year, until at his death he had it most perfectly and scientifically arranged and thoroughly written up. They would undoubtedly add much to the credit and honor, as well as interest and profit, to the Alumni of the Department, if not to the Profession generally, if they were published as he left them. He was a humanitarian and always alive to the interests of the public health. He was perhaps, more than any one else, instrumental in founding the "House of the Feeble Minded", at Glenwood, an institution to which we all point with just pride. He was an honored member of the Louisa County Medical Society, Muscatine County Medical Society, Iowa State Medical Society, as well as of the American Medical Association. In all these he was one of the most active members. He was also President of the Iowa State Board of Health, from its organization until his death. He was a prominent member of the G. A. R. also of Loyal League of Honor. He was a prominent Mason and Knight Templar. One of his most sacred connections was his membership of the Christain family, he was one of the strong pillars of the Presbyterian Church. His church and family were nearest to his heart, of both these he often spoke with the most tender feeling, to these his loss must be irreparable. His widow, son and daughter survive him. The son is a medical student of much promise. He was the author of several medical pamphlets, among them the following: Medical Inhalation, Thermometry in Diseases, Sanitary Science and Public Hygiene, and Over Pressure in Schools. Whatever Dr. Robertson undertook to do, he would do with all his might and main, he was never vacillating. We had the pleasure of an intimate

acquaintance with this noble man extending over a period of thirty years. Much of this time was in his society daily, have thus been with him in all the varied phases of every day life, have known him in prosperity and adversity, in joy, and sorrow, and take great pleasure in bearing this testimony, that he was one of the most genial men under fiery trials I have ever known. His quiet resignation was the more wonderful, when we remember his intense nature, he was as quick as a flash of lightning, one would naturally look for a rebellious spirit in such a man, if it ever existed in him, he had it under perfect surveillance, for, he never murmured at anything he could not control, it only seemed like a passing cloud, then all was sunshine as before. His hearty, cheery laugh was the delight of all his friends; who can fill his place? I answer no one. He was the prototype of no man, he stood alone, his was an individual manhood. Any one who ever knew him intimately, will join me in saying, I never knew anybody like him, the remembrance of him is a blessing.

NOTICE OF THE DEATH OF DR. J. A. DONELAN, GLENWOOD, IOWA.

Dr. J. A. Donelan died May 14th, the cause of his death being typhoid pneumonia. He had been a resident of Mills County thirty-three years, and stood high in public estimation. He was fifty-eight years of age, and he leaves a wife and several children.

He was born in St. Lawrence County, New York, May 15, 1828, making him almost fifty-nine years of age. He was of Irish descent, his father being a commissioned officer in the English navy. His mother was a New York woman. She died when he was three years of age. He went to Cincinnati with his father after her death. As soon as he was old enough to be of any use, he worked on a farm, and never attended school a day after that time. When he had reached the age of twelve years his father died. At night and on rainy days he picked up the education which was the foundation of the active career that followed. After his father's death he lived at Abingdon, Ind., for several years, going from there to Savannah, Mo., clerking for Dr. Holt in a drug

store and studying medicine. He took a course of medicine in St. Louis, and graduated from the St. Louis Medical College in 1874.

He came to Glenwood in the spring of 1854, and entered upon the practice of his profession. All he had was his horse and fifty cents in money, being worse off than nothing, as he was heavily in debt for his medical education. Those debts were paid long after his marriage.

In September, 1854, he married Miss Julia A. Modie, of Savannah. He was the first mayor of Glenwood. Since then he has served many times as alderman and has, in many ways, been identified with the life and growth of the city. His funeral took place on Monday, May 16th. It was largely attended, and beside local physicians, the following from abroad were also in attendance: Drs. Green, Lacy and Macrae, Council Bluffs; Drs. Campbell, Brothers and Otis, Malvern; Dr. Moore, Silver City, and Dr. Holyoke, Pacific Junction.

SELECTIONS.

PRACTICAL NOTES AND SUGGESTIONS—TREATMENT OF LARYNGISMUS, TETANY, AND CONVULSIONS.

In a very interesting clinical lecture in the *Lancet*, by Dr. W. B. Cheadle, on the pathology and treatment of laryngismus, carpo-pedal contractions or tetany, and convulsions, special stress is laid on the association of these conditions in children, with rickets. This, indeed, is the key to the subject. Concerning treatment, Dr. Cheadles writes as follows:

"The objects to be sought in the treatment of tetanoid laryngismal convulsive disorder of childhood are threefold: (1) To relieve dangerous convulsive seizures when they occur; (2) to ward off these attacks from recurring, and (3) to remove the constitutional rickety state which predisposes them. For the first purpose: In laryngismus, a dash of cold water in the face, a hot sponge to the larynx, a finger in the throat to induce the act of vomiting, are approved methods to unlock the dangerous spasms. In general convulsions, the vapor of chloroform may be given between the seizures, or ten grains of chloral and twenty grains

of bromide may be given by injections into the rectum, or from one to three grains of chloral in solution injected hypodermically in an urgent case. The latter I have tried once only, but with an excellent effect. It is often impossible to give medicine by the mouth, and a hypodermic injection acts more quickly and more certainly than one into the rectum. For the second purpose (*i. e.*, to ward off attacks) give chloral and bromide. Each good, but best both together. They have a marvelous power, chloral especially, in averting tetany and laryngismus, and probably in preventing general convulsions. They must be given in fairly full doses, and at regular intervals of sufficient frequency, so that the system is kept constantly under their influence. For a child of six months, half a grain of chloral to one or two grains with three of bromide every four hours. For one a year old, from one to three grains of chloral with five grains of bromide every four or six hours, and so on in proportion. Children bear chloral well. Dr. Wilks gave to a boy three years old with tetany ten grains of chloral three times a day with the best effect. Bouchut gave thirty grains to children of two to five years, sixty grains to children of seven years, to produce anæsthesia for operation. I should not hesitate to give much larger doses than those I have indicated should urgent symptoms arise. In one case of severe tetany in a boy of two years, in which chloral (two grains) and bromide (five grains) given every four hours failed to produce improvement, I gave one-twelfth to one-fifth of a grain of Calabar bean with good effect. With larger experience I should try much larger doses of chloral in a similar case before resorting to Calabar bean. Let me give, however, this warning with regard to the free use of bromide and chloral. Bromide in five grain doses every four hours for some days occasionally produces severe pustular rupial eruption. Chloral at most induces drowsiness, therefore rather push chloral than bromide in case of necessity. This treatment by sedatives may have to be continued in greater or less degree for weeks and weeks, until the tendency to spasm permanently declines. Thus gaining time by keeping the nervous system in safe quiescence, you proceed to treat the rickety state, the evil condition which underlies and is the prime source of all. For this purpose give milk, cream, or raw meat if milk can not be borne, with the best kinds of infants' food, or entire wheat flour (rich in phosphates and nitrogenous matter); later, cod-liver oil and syrup of lacto-phosphate of lime

or of lime and iron. Another useful adjunct in increasing nutrition and aid in increasing blood-flow to the anæmic nerve centers in these cases is brandy, half a drachm to a drachm, given in half an ounce to an ounce of food every four or six hours. It has also another advantage; it acts on children chiefly as a sedative and narcotic, and produces no excitement. And I must enforce the paramount importance of this full nutrient treatment, because there is a common and grave error pervading practice in these cases, viz., that of adopting a spare and lowering diet, such as barley water, weak broths, and arrow-root. Such had been the medical advice given in the second case which I related; a most pernicious plan, against which I wish to protest as strongly as possible—the remnant of the old idea that the morbid condition at the root of the disease was one of plethora and active congestion, instead of debility and anæmia. Moreover, many confound a full nutritious diet with an indigestible, irritating diet. Raw meat, for instance, is not indigestible; it is most digestible as well as most nutritious—*i. e.*, the soft pulp scraped free from the fibre; and so with cream. A spare, thin diet, such as veal broth, barley water, and arrow-root, is no more digestible, and infinitely less nutritious. Let me repeat, then, that the food should be as digestible and nutritious as possible, with a high proportion of animal albuminates and fats. Then again, this evil of low diet in these cases is constantly heightened by the over-use of strong purgatives and depressant drugs; aiding artificially the very condition of draining off of nutriment and deficient vitality we know to be the prime fault of the disorder. If the immediate exciting cause of convulsion be the irritation of undigested food, a dose of castor oil should of course be given at once; or if there be obstinate constipation, sufficient doses of some simple laxative, such as magnesia, may be given to relieve it, or a single dose of calomel may be useful on occasion. But the free and frequent use of strong purgatives does nothing but harm. Lastly, if diarrhœa be present—and you will remember that it is an almost constant accompaniment of the rickety and tetanoid state—it must be controlled. For it is injurious in two ways: (1) by draining off nutriment from the alimentary canal before there is time for it to be absorbed, and (2) by the reflex irritation it sets up. For the relief of diarrhœa, bismuth is one of the best remedies. It should be given in the form of the insoluble trisnitrate, and in full doses; the doses usually given are far too small to

be really effective; four or five grains every four hours to a child six months old, and more in proportion to age, and with it a quarter of a drop of laudanum, or the castor-oil mixture of the Hospital Pharmacopœia, one, two, or three drachms every four hours, with a quarter to one drop of laudanum according to age; or, if there be sickness with the diarrhœa, from half to one grain of grey powder, with from a quarter to half a grain of Dover's powder, according to age, may be given every four hours; or a mixture of chalk and catechu with hæmatoxylum and small doses of tincture of opium, if the alvine discharges are watery and profuse. But astringents are less valuable than drugs like bismuth, chalk and the sedative opium."—*The Southwestern Medical Gazette.*

EDITORIAL.

CHRISTIAN SCIENTISTS.

For months we have resisted the temptation and kept "hands off;" but the temptation, pressure, and the opportunity are too much, and, therefore, we succumb to the inevitable. The published communication from one of our subscribers is but one from scores of inquiries. Our only reasons for abstaining from criticism upon the subject are that it is our opinion that it, if left to itself, would the sooner die out, and that it would create a lesser stench than it would by stirring up the enthusiasts of this fallacious craze; and then, again, upon the subject of medicine people are fools. Born to be humbugged, the bigger the humbug the better they are pleased. Usually but one craze is on at a time. This is a harmless sort of a craze, one that may be taking the place of one productive of a more serious harm than the depletion of the pocket-book. In fact, this craze resembles measles somewhat,—it has its course to run, and it is the most vulnerable when at the finish. The old saying, "an ounce of prevention is worth a pound of cure" is very apt. The time to strike is during the convalescent stage when the memory is fresh with the sensations of itching, scratching and rubbing and the wallet is lean. The fondness of the American people for humbuggery in medicine is very similar to that of a certain nation-

ality for fighting, and it is equally dangerous to interfere with either luxury. The story of the philanthropist who attempted to intercede for the housewife who was of this same nationality and who was getting the worst of a little family disagreement, would be that of the philanthropist who should now attempt to intercede for the interests of those who are being fleeced by the Christian Scientists.

From this probable experience we give the following advice to our inquirers: As individuals, give the Christian Scientists a good letting alone and leave the deluded public to their own fate. The pecuniary advantage is in your favor, for if they, the public, are left to their fate, they will learn to contribute, they will become accustomed to pay their bills more promptly as the services are rendered. Trust that through Christian Science they will learn "that it is more blessed to give than to receive," and may, thereby, if there is any virtue in Christian Science, cultivate a desire to cheerfully pay their bills for the services of competent physicians when Christian Science as a healing art is a thing of the past. Again, if you are a loser by competition remember that many are neglecting the time and opportunity when, by a little care and judicious advice, they could have saved themselves from long, protracted and chronic troubles. Do not fear they will return and the harvest will be as of old with its increase. Remember, that the more people "doctor" the stronger the habit.

To speak seriously, the physician has nothing to fear from the Christian Scientist. He is a harmless, ignorant pretender, effective when depleting the pocket-book of his patient, ranking with the ignorant quack.

As an individual, it is useless and foolish to contend against him, because the people are so constituted in their superstitious love for the supernatural, the extraordinary and the mysterious that they have been, are, and always will be a common prey to quackery, and if it does not come in the form of the rubber, operator or metaphysician, it will come as a patent nostrum, and it is very questionable which is productive of the most injury.

The question of tolerance or intolerance, then, comes not from a pecuniary point of view and not to one as an individual.

The educated physician who, from his superior knowledge, can readily see the relation of the cause to the effect in those changes which, in the

eyes of the masses are supernatural, mysterious or extraordinary, has it in his power, when united with others of his class, to protect the public from all classes of such impositions, and by so protecting them, to perform a Christian act, the act of a philanthropist, and an act which must raise him as an individual and his class high in his own estimation and in the estimation of all those from whom esteem is worth the having. The physician's relation is the same to the public health as the legislator's is to the civil welfare, and the clergy's to the moral welfare. And is one which may gain for him honor, distinction and a value other than pecuniary, when he has honestly and conscientiously exerted his power as a philanthropist, a protector to the people.

It is only in this spirit and for this principle that the profession of Iowa should think, for a moment, of uniting and giving their combined and powerful assistance to the suppression of this form of quackery, the present craze of Christian Science as a healing art.

ADVERTISING.

In the last number of the REPORTER we published a letter from one J. L. Cron, M. D., stating that he graduated at Hahnemann Medical College in 1882.

Shortly after we received the following letter which, from its nature, although sent as a private letter, we feel authorized to publish.

MUSCATINE, IOWA, May 30, 1887.

F. E. CRUTTENDEN, M. D., Des Moines, Iowa:

Dear Sir:—In the "IOWA STATE MEDICAL REPORTER," that you had the kindness to send me, I find a letter from one J. L. Cron, stating upon what authority I know not that he is a graduate of Hahnemann College. I enclose a list of the alumni of the college from 1860 to 1883. You will find that his name is not on the list. The man is evidently an imposter. I believe in the elevation of the standard of medical education. If this man is a graduate, the college that granted him a diploma should be looked after. I trust you will make the proper *amende*.

Yours truly, H. C. McALISTER, M. D.

In reply to the above letter, our statements were made from the fact that we found in Lothrop's directory, he was there indexed as a graduate of Hahnemann Medical College in 1882.

We wrote at once to Dr. Lothrop, and received the following reply:

JUNE 1, 1887.

DEAR DOCTOR—Yours in reference to Dr. J. L. Cron *ic* just received.

He is a graduate of Hahnemann, Chicago, 1884 not '82 as I have it. I supposed I had it as '84, until I examined the Directory. I have a catalogue of the graduates of that school. He is first reported as a graduate of Ann Arbor, but afterward corrected his report. I had some correspondence with him, and I enclose one of his circulars he sent me at the time. I regard him as an unmitigated humbug. Please return circular. It is a "good thing to keep."

Yours truly,

CHAS. H. LOTHROP.

As the doctor is interested also in this report, we feel at liberty to publish his letter. We find upon examining the catalogue of Ann Arbor that the name of J. L. Cron does not appear among its list of graduates or matriculants.

The following is an exact copy of the circular referred to in Dr. Lothrop's letter, but reduced in size, the original being nine by six inches.

J. S. CRON,

M. D.,

Homœopathic Physician and Surgeon, Gladbrook, Iowa.
Office over Wiebenson's drug store.

10 Years' Experience

In the study and practice of Medicine, having taken a Thorough and Expensive Course.

GRADUATE OF ANN ARBOR,

The highest standard Medical College in the World. It requires Nine Months to the year attendance on lectures and clinics, and three years attendance to graduate.

GRADUATE OF THE LARGEST HOMŒOPATHIC COLLEGE IN THE WORLD,

The Hahnemann, of Chicago.

GRADUATE IN 5 SPECIAL COURSES:

Diseases of Women, Ophthalmology and Otology, Physiological and Pathological Chemistry, Electro Therapeutics, and Qualitative Chemistry.

THE ONLY HOMŒOPATHIC PHYSICIAN IN GLADBROOK.

Wishing to be fair in the matter, and to place the whole matter in proper form for comparison, we reproduce the letter, contrary to our custom, from J. L. Cron, M. D.

A GRIEVANCE.

[The following correspondence was handed to us for publication by Dr. I. H. Moore, of Prairie City. Dr. Moore was the author of the article recently published entitled "Physicians vs. Quacks." Evidently the article contained a shoe that fitted the author of the letter, and he is endeavoring to kick in the direction of Dr. Moore. The writer, J. L. Cron, M. D., was a graduate from the Hahnemann Medical College, of Chicago, in 1882. We publish the letter verbatim.]

I H Moore M D

Prairie City
Iowa

Dear Doctor. we read in a specimen copy of the Medical Reporter the Mouth piece of the Allopathic proffession of Iowa an article written by you entitled Physicians vs. Quacks and one must be dull who cant see in the article the real Animus of the Allopathic Proffession of the state. it is plain what they would do if they had the power,. but in the article you make some remarkable confessions you say that the *Regular* (of course you mean Routinists) are on a level and often below it in public estimation with thieving Quackery well Dear Doctor you should read the saying of the immortal Burns O would some Power a gift to gie us to see ourselvs as others see us, if you could see yourselves as others see you you would see that you represent the worst form of thieving Quackery their is no other system of Quackery that steals the health wealth and robs the victims of their lives like Allopathy. thier are no more prej-udiced Bigoted conceited Arrogant set of men in the world than the Allopaths thier is no system of practice that loses as many patients in proportion to the number treated as the Allopaths. thier is no system that can show as many opium eaters Bromide of Potassum wrecks Hydrate of chloral lunatics Mercurial Rheumatics Alcoholic Inebriates, and those that have lost their sight and Hearing from the abuse of quinine as the Allopathic while you have made many improvements such as ceasing to bleed ceasing to Salavate ceasing to blister ceasing to Burn ceasing to purge ceasing to Puke, *Ect* the improvement you will soon be compelled to make are legion the People or Public as you term it have tried you and you are found wanting and they do not propose to be hum-bugged much longer. They see the Allopathic claim of superiority is founded on assumption that they are the worst frauds in the Medical Proffession and they the people are amout to call a halt, in the whole-sale butcherry and Poisoning of the people you will have to cease your

in ordinate and indiscriminate dosing you will have to cease manufacturing so many drug diseases you will have to cease making so many of your victims opium eaters and other drug Habits to numbers to mention the people are going to compel you to cease they are not going to swallow great quantities of Poisonous drugs in the various stages of decomposition to injure their organism Prolong their illness and shorten their lives. Just to please the Ignorant Arrogant conceited domineering corpulent windy and lazy Allopath when just across the street swings in the gentle Zephyrs the shingle of the learned scholarly agreeable industrious studious Panstaking genteel neat and trim Homeopath with is Pleasant well preserved scrupulously taken care of medicines. which the children cry for, whose medical faith and practice are a direct contradiction of yours, whereas you bind on the people burdens grievously to be borne, His expedients are Positively pleasurable to the sick. He parries as with airy nothings the dread reapers scythe which your ponderous battle ax so often fails to beat aside every Patient that recovers under his gentle ministrations is a Public Protest against your Harsh and damaging Procedure I say the people are not going to submit to these Allopathic abuses. when a Homeopath can be secured to treat them and the closer the Allopath sticks to his present methods, the sooner he will have to go and if you think the people of Iowa are going to pass a law to protect the Allopaths in thier Quackery to compel the people to submit to their damaging treatment you will be mistaken for the people are more than ever becoming aroused to the fact that the Allopaths do more harm than good that they Kill more People than war and disease combined that that they cause more sickness than all other causes combined that we are drug consuming and a drug cursed nation. Well I must close

Yours Fraternally

J L Cron M D

Gladbrook Iowa

This is a good subject for the State Board of Medical Examiners on which to begin the exertion of their powers to revoking for "palpable evidences of incompetency." We respectfully send marked copies to the Hahnemann Medical College, Dr. McAlister, Dr. Lothrop, J. L. Cron, M. D., Medical Department of Ann Arbor, and to W. H. Dickinson, M. D., President of the State Board of Medical Examiners.

WHAT IS SAID ABOUT OUR ADVERTISERS.

"I have been using PAPINE for the past two months. It meets the requirements of a class in which opiates are indicated, but in which the 'remedy is worse than the disease.' One case in particular has given me a great deal of trouble for years. I have tried opium in every form, and

many other narcotics, alone and in combination; but constipation, nausea and nervous prostration have been the invariable results. Some two months since I obtained some PAPINE, and commenced on this case with the happiest effect; no nausea, no constipation, no prostration. I have been prescribing it in my practice since with the greatest satisfaction to myself and my patients.

THOS. LITTLE, M. D.,
Spirit Lake, Iowa.

* *
*

No physician should recommend a food as he would not a medicine, without knowing its composition, and the composition of most of the recent dietetic preparations, ending with Carnrick's has been announced. Carnrick's food contains a large percentage of the solid constituents of milk, the casein of which has been partially digested so as to resemble the casein of human milk in its behavior under the digestive ferment. The other ingredient is stated to be wheat flour subjected to prolonged baking, so that its starch is to a considerable extent converted into dextrine. This food has the advantage of easy preparation in the nursery, and easy digestion. Used alone it is sufficiently nutritious for the infant. It will probably supercede some of the older foods of the shops. Poor families who cannot afford to use it as the sole food, will, according to my observation, find it useful made into a thin gruel and employed in diluting the cow's milk with which these infants are fed.

J. LEWIS SMITH, M. D.

* *
*

Have used Tongaline quite extensively for Rheumatism, Neuralgia and other similar troubles with excellent results, so that I have a constantly increasing faith in the remedy.

H. H. DARR, M. D.,
Caldwell, Texas.

* *
*

On several occasions, when digitalis has proved to be useless or injurious, I have had very excellent results from caffeine or convallaria. Certainly, the latter drug is more easily tolerated by a sensitive stomach than digitalis is; and whenever the nervous supply of the heart is especially implicated, I believe I secure more quieting effects from its employment. Among well known cardiac tonics and stimulants for obtaining tempo-

rary good effects, at least, I know of no drug quite equal to Coca. Given in the form of wine or fluid extract, it does much, at times, to restore the heart muscle to its former tone. I have obtained the best effects from the use of Mariani's Wine. From personal information given me by this reliable pharmacist, these results are attributable to the excellent quality of the coca leaves and of the wine which he uses in its manufacture."

BEVERLY ROBINSON, M. D.

* *

Listerine has been very improperly classed along with such commercial "disinfectants" as Labarraque's solution, bromo-chloralum, Platt's chlorides, and similar *germicides* usually relied upon for the disinfection of sewers, water-closets, and other receptacles of filth. According to the scientific definition the term "disinfection"—*i. e.*, the destruction of disease germs—Listerine was never designed as a germicide, but it claims to be what clinical experience has proven to be true—an essential and trustworthy *antiseptic* for internal and external use about the human body. To counteract the intestinal putrefactive processes in diarrhoea it is especially to be recommended.—*Practice.*

* *

The attention of our readers is called to the advertisement of Messrs. R. A. Robinson & Co., which appears on page 3, of this issue.

This house is one of long standing, and enjoys a reputation of the highest character.

The preparations referred to, we commend specially to the notice of practitioners.

* *

S. P. Yeomans, M. D., Charles City, Iowa, says; I have given Celerina a trial in several cases of general nervous derangement of long standing, and which had resisted every form of medication, with very satisfactory results. I think it a valuable remedy in that class of nondescript chronic female cases that so frequently occur, and which are a source of so much trouble to every practitioner.

STATE INSTITUTIONS.

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE.

REPORT FOR FEBRUARY, 1887.

	M.	W.	T.
Admitted	15	14	29
Discharged	6	4	10
Remaining	433	340	773
Capacity of the Hospital	470	350	820
Vacancies to-day	37	10	47
Discharged recovered	2	3	5
Discharged improved		None.	
Discharged unimproved		None.	
Discharged died	4	1	5

GERSHOM H. HILL, *Superintendent.*

REPORT FOR MARCH, 1887.

	M.	W.	T.
Admitted	13	16	29
Discharged	10	11	21
Remaining	436	345	781
Left for visit	2	3	5
Returned from visit	0	1	1
Discharged recovered	4	5	9
Discharged improved	3	3	6
Discharged unimproved	0	1	1
Discharged died	3	2	5

GERSHOM H. HILL, *Superintendent.*

REPORT FOR APRIL, 1887.

	M.	W.	T.
Admitted	12	13	25
Discharged	10	9	19
Remaining	438	349	787
Left for visit	4	2	6
Returned from visit	1	1	2
Discharged recovered	2	2	4
Discharged improved	3	3	6
Discharged unimproved		None	
Discharged died	5	4	9

GERSHOM H. HILL, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR FEBRUARY, 1887.

	M.	W.	T.
Remaining January, 1887	409	271	680
Admitted in February, 1887	19	7	26
Returned from visit during the month	2	1	3
Total under care in the month	430	279	709
Discharged during the month	13	9	22
Daily average under care	415	270	685
Discharged recovered	3	4	7
Discharged improved	3	1	4
Discharged unimproved	2	2	4
Discharged died	5	2	7
Remaining, February 28, 1887	417	270	687

H. A. GILMAN, *Superintendent.*

REPORT FOR MARCH, 1887.			
	M.	W.	T.
Remaining February 31, 1886.....	417	270	687
Admitted in March, 1887.....	19	16	35
Returned from visit during the month.....	2	1	3
Total under care in the month.....	438	287	725
Discharged during the month.....	8	11	19
Daily average under care.....	419	274	693
Discharged recovered.....	5	3	8
Discharged improved.....	2	1	3
Discharged unimproved.....	1	0	1
Discharged died.....	0	7	7
Remaining, March 3, 1887.....	430	276	706

H. A. GILMAN, *Superintendent.*

REPORT FOR APRIL, 1887.			
	M.	W.	T.
Remaining March 31, 1887.....	430	276	702
Admitted in April 1887.....	14	18	63
Returned from visit during the month.....	3	2	5
Total under care in the month.....	447	296	743
Discharged during the month.....	45	5	50
Daily average under care.....	422	285	707
Discharged recovered.....	14	2	16
Discharged improved.....	13	1	14
Discharged unimproved.....	17	0	17
Discharged died.....	1	2	3
Remaining April 30, 1887.....	402	291	693

H. A. GILMAN, *Superintendent.*

A RARE CHANCE FOR A REGULAR PHYSICIAN.—A lucrative country practice in Iowa, well established, will be sold with or without property, cheap, if sold soon, and purchaser introduced. Address, "Iowa," care of this JOURNAL.

PHYSICIANS AND DENTISTS LIFE INSURANCE ASSOCIATION—Incomparably the most practicable, economical, and safest plan ever offered. *Chief features.* 1st—Not a dollar of the Benefit Fund goes into the hands of the Association, A National Bank is made Trustee, in which the members deposit direct. 2d—An *Individual Surplus Fund* for the protection of *each separate policy*. 3d—A *Special Guarantee Fund* to protect, solidify and make permanent the organization. Correspondence and investigation invited. *Special inducements to all applicants up to July 1st.* Address. W. G. FARRAR, *Secretary.*

Royal Insurance Building, Chicago, Ill.

The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

DES MONES, IOWA, JUNE, 1887.

NO. 9.

ORIGINAL ARTICLES.

BERGEON METHOD.

BY J. P. CRAWFORD, M. D., DAVENPORT, IOWA.

[Read before the Scott County Medical Society, July 6, 1887.]

The method of treating pulmonary phthisis by rectal injection of Carbon Dioxide gas charged with Sulphuretted Hydrogen, was introduced to the profession by Dr. L. Bergeon, of France, in the latter part of 1886. The apparatus used you see before you, which is after the plan of *Morel*.

M. Bergeon of Lyons and his co-laborers in his own country, made series of experiments with the injection of these mixed gases and reported their result to the Academy of Science and other societies, claiming to have actually cured over two hundred cases of consumption.

In view of such flattering results as these from so high authority as Comil, Chautemuese, De LaRoche and physicians of Geneva and Marseilles, and later favorable comments by Bennet, of London, it is no wonder that the professional world have received it with such enthusiasm. Such promising measures could not help being hailed with delight.

Any measure bringing better results than those obtained by any and all other measures of treatment of this hopeless disease, should be welcomed with an enthusiastic recognition and faithful trial.

It is certainly no wonder in the face of over two hundred and more cases reported by Bergeon, and the astonishingly favorable reports from others in high places, that practitioners in every village and city of the land have armed themselves with a gas bag, generator and wash bottle and gone to pumping Carbon Dioxide, charged with Sulphuretted Hydrogen, into the bowels of everybody who is so unfortunate as to be a lineal descendant of a tuberculous ancestry, with the object in view of storming the castle of the classical Bacilli tuberculosis, claiming to gain access to their stronghold through the venous circulation from the intestinal surface.

One of the highest authorities in this country is responsible for this statement: "The results already gained in many cases by the rectal injection of Carbon Dioxide, charged with Sulphuretted Hydrogen, are such as to expose the physician who does not try it in any given case of consumption to the charge of culpable negligence."

But the ruling passion of Davenport character is conservatism, which I suppose is sufficient reason why the profession with us has not gone wild over this new therapeutic agent.

I am not sure but that our conservative attitude toward these therapeutic innovations is a fault in the right direction, for while we may not be able to report such brilliant and original results without attempting an explanation as to how they are secured, neither are we asked to take back or apologize for hasty statements which a little maturer experience would have proved to be entirely unfounded and unscientific.

The theory of this new method is that the gas is absorbed through the mucous membrane of the intestinal tract, carried in the venous circulation and exhaled through the pulmonary spaces, coming in contact with the Bacilli, if not destroying them, greatly diminishing their number and in course of a few weeks bringing about cicatricial change. Some observers say that they expect more from the disinfecting action of the gas in favoring cicatrization of the suppurating spaces or cavities, than from the direct destruction of the so called pathogenic microbe. They claim that the sceptosaemic process is modified in noticing the reduction of the temperature and the lessening of the purulent secretion. As stated, the profession very generally over the country are using it, and have been only for a few weeks and their reports are quite uniform as to

results, securing immediately, they claim a lessening of cough and expectoration, stopping of night sweats, reduction of temperature, improvement of appetite and rapid gaining of strength. Bergeon claims to have had some cases of convalescence in fifteen or twenty days and discharged others cured in a few weeks.

I listened to a paper on the Bergeon method by Dr. Daggett, of Buffalo, at the Freeman Medical Association last month which was very generally discussed by members of the profession from different parts of the country. After hearing the papers discussed I was impressed that those who had used it for a short time were greatly delighted with the immediate results. Others who had used it for some time think that the treatment is overestimated; that it is of value in the earlier stages of phthisis, but questionable whether in the advanced stages it does not do more harm than good, while still others claim that they have given it a fair trial and find nothing in it but disappointment. No less authority than John S. Lynch, of Baltimore, chairman of the section on Practice of Medicine, in his address the day before said that the treatment in his as well as other hands had proved a wretched failure.

A physician on the medical staff of Cook County Hospital said that he had recently discharged some patients that had rapidly built up under the treatment so that they were able to go to work, convincing him that in such cases of phthisis there was much to be expected from the new method. Following this favorable report another Chicago physician (I did not get his name) said that he was the first gentleman to use the Bergeon method in this country; that he began to employ it last December in a great many cases, and invariably secured good results for a time except perhaps in some very advanced cases, which, he thought, were aggravated by it; but that every case that had responded in the beginning of the treatment so marvelously had relapsed and died.

Six months' faithful trial had brought disappointment, and he was ready to abandon the method, being positive that there was no permanent results to be obtained. He accounts for the marked improvement of patients so universally reported as being due to the inspiring of a new hope of recovery, which is so easily secured in the consumptive patient with the use of any measure of treatment promising so much

as this does. I received the following report to-day from Dr. G. E. Crawford, one of the prominent practitioners at Cedar Rapids:

"My experience is limited to the observance of four cases. All seemed to be benefited in some way or another. Three cases who were not confined to the bed eat better, sleep better and cough less, though how much *permanent* benefit will be received remains to be seen.

"I used it for five weeks in an extreme case, a case in which nothing else could be done. A young married woman with rapid consumption was greatly emaciated; had a temperature each afternoon from 104 to 105 F. No appetite at all. Perfect repugnance to all kinds of food. A troublesome, painful diarrhœa, which was hard to control; a tight, painful cough, and sleeplessness. Almost immediately following the use of the gas she began to expectorate easily, and the painful cough was greatly modified. The high temperature which I had been trying previously to keep down with antipyrine gradually subsided, and by the end of two weeks it ranged from 100½ to 102. Her appetite soon began to improve and by the third week of treatment she would eat more at one meal than she had been doing before in a whole week perhaps. The diarrhœa very soon ceased together with the pain in the bowels, and for the last two weeks there was quite a constipated condition, so much so that injections had to be given containing ox gall.

"She thought she was getting well. Her friends thought so. I told them all the time I could not see any foundation to build on. She was too emaciated, and too much damage had been done to her lungs. But that she did certainly improve some in strength was evident. With all this brilliant array of modified symptoms, which was certainly very remarkable, my patient a week ago Sunday afternoon, after eating a fair dinner, suddenly became weak and faint. I was summoned in haste; found her gasping and nearly pulseless, and at 6 o'clock she died. The heart had given out.

"It is very difficult in these cases to eliminate the purely psychological effect and know just what purely therapeutic results we obtain. But with the experience I have had with the treatment I am much inclined to think that it has a modifying effect over certain conditions, but whether permanently beneficial I am not prepared to say. That it makes some patients more comfortable I am thoroughly convinced, and

if it does that even in some cases it is worth all it costs. I believe in the case detailed it prolonged her life a month."

There seems to be very little disposition on the part of the profession which is so generally employing this novel treatment to discuss the therapeutic principle involved, or inquire into the rational, but use it indiscriminately because everybody else is doing so, and if they do not they will be behind the times.

Bergeon makes this assertion, that it kills the bacilli and promotes cicatrization. But the experiences of others go to show that the microbes are only lessened, and that in favorable cases only. May not this result be secured by any influence, real or imaginary, that will stimulate a new hope of recovery in the consumptive whereby the appetite is increased and in consequence of which the general nutrition is improved, the breaking down process checked for the time and the bacilli rendered less numerous?

If a part of the microbes remain not destroyed, free in the air spaces and sputa where the gas is exhaled, how can we expect the bacilli to be disturbed in the hardened tuberculous masses which can not be penetrated?

Does it not look unreasonable to believe that so small an amount of Carbon Dioxide, so indirectly applied, can accomplish what is claimed for it, when the same air spaces are filled with an atmosphere so highly charged with the same gas that its retention in the lungs for a few minutes will produce unconsciousness?

Are we to accept this novel method, with all its circumlocution as to theory and *modus operandi*, as a matter of fact, when it does not commend itself as a rational procedure and where more deliberate experience is rather proving it unavailing in the hands of those who are competent to judge of its merits?

Those who have tried the Bergeon method long enough to ask a hearing are very modest in expressing themselves.

As to permanent results they are mentioned as being doubtful. They feel quite certain that the treatment has a modifying influence on the disease for a time at least in improving some of the symptoms in favorable cases. If, after a thorough trial, the advantages of this popular agent is to be narrowed down to this limit in therapeutics, may we not

seriously enquire whether there is any therapeutic principles whatever involved in the treatment? If only temporary improvement of some of the symptoms, and that confined perhaps to the earlier stages of consumption, is to be obtained, cannot as brilliant temporary results be shown by the Faith Cure, Compound Oxygen, Hahnemannism or any species of quackery that can stimulate a new hope of recovery and confidence in the efficacy of the remedial measures employed?

Cod liver oil and the wise use of tonics, unattended with the flourish of trumpets and gas bags, has been able to accomplish all that has been reported of a positive character, in favor of this new method. And even what might be regarded as permanent results in the incipient stage, has been secured by the administration of these restorative agents in invigorating nature and fortifying her against the invasion of this destructive enemy, in the same proportion of cases. Any agent that is promising in its results is deserving of a trial, but should be regarded a doubtful measure until it has been proved by experience of therapeutic value.

CONFLICTING OPINION IN THE TREATMENT OF DIPHTHERIA.

BY W. L. ALLEN, A. M., M. D., DAVENPORT, IOWA.

The most interesting meeting the Scott County Medical Society has known in a long time was that of last evening. There was a good attendance, and the interest centered about that awful disease, diphtheria, which the medical profession has tried in vain to master. Dr. W. L. Allen read a paper on "Conflicting Opinion in the Treatment of Diphtheria," which brought out a lively discussion. It cannot fail proving deeply interesting to all intelligent readers outside the medical profession as well as in it. The Doctor said :

It would seem almost irrational to expect that we can adopt a line of treatment for diphtheria that we can call specific so long as the cause remains in such obscurity; and to endeavor to obtain light from the collecting and sifting of our various experiences, will be criticised as purely empirical. Nevertheless, the treatment adopted for many diseases by

empirics has not only held its place, but has been on account of its positive success a great help to the pathologists in their difficult problems. Suppose now that the present usage for mercurials should bring forth as great results in diphtheria as a few writers now claim for them. Could we not say that these results point all the more certainly to a septicæmia?

I have heard a great many physicians say that they have tried such and such new remedies, but always with the chloride of iron and chlorate of potassium mixture as the sheet anchor. Now, why can we not arrive at some conclusion as to what amount of benefit we may justly expect from this old standing, and just *where* we expect it to reach, and just *what* we expect it to accomplish in diphtheria?

Much has been written about the chloride of iron; locally, it acts fairly well as an astringent, but if it is to be given for that purpose it should be used thoroughly with a brush or spray. 'I do not believe that many use it for this quality. As a local antiseptic it is inferior to many other drugs we possess, and to obtain this action we should use it thoroughly by syringe or spray. Taken internally, the chief virtue the chloride of iron has is its action on the blood and kidneys, but I find very few venturing to explain why it may be of especial value in diphtheria. Jacobs is one of the strongest advocates of iron, and he explains its action, when taken in large doses, as follows: "The chloride of iron exerts a decided influence on the vital contractility of the blood vessels. This increased contractility certainly assists in diminishing the rapidity of absorption of putrid fluids through to the blood vessels, which constitutes the principal source of danger from the disease." Finally it has been found that of all preparations of iron the chloride possesses the greatest power of stimulating the nervous system. Ringer says: "Large doses of the perchloride of iron are of great benefit in diphtheria. It is uncertain whether the effect on the throat depends on the topical action or after its entrance into the blood." In the *Medical Record* of April 16, 1887, Dr. Billington, of New York, says: "As to the internal administration of the tincture of iron, we agree that this drug is among the most reliable antiseptic and astringent agents. Dr. Jacobi believes in giving the iron and glycerine mixture every half-hour or oftener, and that other local treatment will then be superfluous, except to the nasal cavity,

which should be syringed out every half-hour." Dr. Billington writes: "The syringing should, if possible, always be performed by the physician himself. It should be continued on each occasion until, if it be possible, the passages are thoroughly cleansed. This should not usually be repeated oftener than two or three times in the twenty-four hours, for reasons stated." "I commonly use half a pint, sometimes more, of tepid salt-water, and the time required for a thorough cleansing is always several minutes." A. Tronssear, in writing on the tincture of iron, says: "If diphtheria of the pharynx exist from the outset, we begin by touching the back of the throat with a sponge dipped in an aqueous solution of perchloride of iron of various strength. The operation is immediately followed by increased ease in breathing, due to removal of the false membrane from the pharynx, and at the same time it acts as an alterative upon the affected parts. It will be necessary to repeat this several times." Again he writes: "M. Auburn assigns only a secondary place to topical applications, and hardly insists on their use; but we cannot share this view, which is too exclusive. He considers that all or nearly all the treatment consists in the internal use of perchloride of iron." Auburn recommends that the iron be given in water every five minutes when the child is awake, and every fifteen minutes during the time of sleep, so that from two and a-half to six drachms must be given daily. What an absolute contradiction to nearly all I have quoted is the following, from Bartholow's work on therapeutics: "The tincture of iron is frequently prescribed in diphtheria, alone or in combination with chlorate of potassium. Although it possesses no special utility in this disease, it may serve as one of the means for maintaining the forces of the body, and in this way indirectly contribute to a favorable result. There is no advantage in applying the tincture of iron to the fauces in diphtheria; it is not a solvent of the false membrane and cannot prevent the spread of the exudation."

In Headland's work on the "Action of Medicines," we find his verdict in the following: "Anemia is the one disease in which iron is of use." Scheel, of Munich, in his recent work on "Diseases of Throat and Nose," mentions several so-called specifics, but adopts none, and continues to use quinine, iron, and potassium chlorate. Dr. Sellden, of Stockholm, reports (see *Medical Record* of January 5, 1884) sixty-one cases with but

three deaths, when 1-80th grain of mercury was given every hour, day and night.

Dr. Hanks, of New York, claims wonderful results with 1-160th grain bichloride given every hour, or as spray in the strength 1-2000th.

In the *Medical Record* of January 8th, 1887, the benzoate of sodium, is highly extolled, with the report of two hundred cases with no deaths. About 9 grains is given every hour and 1-6th grain calceide of sodium and the throat sprayed every half-hour with a 10-per-cent solution of benzoate.

Now we can find a number of drugs not included among those I have mentioned that we might use to advantage. But would we not confuse matters all the more? Dr. Jacobi stands high as an authority in diphtheria, and if the chloride of iron will do what he claims, why can we not either prove or deny it? Locally it should disinfect the putrid false membrane and cause the underlying eroded tissues to contract and thus retard or prevent septic absorption or further exudation; it should then pass into the system and act in the blood, not only as an astringent to the absorbents, but as a disinfectant and a nerve stimulant; to say nothing of its restorative and oxygenizing powers.

In my own experience I have been far from satisfied with the tincture of iron; it has irritated the stomach at a critical period, and locally the bichloride spray has been much more satisfactory. There is one condition so constantly present in diphtheria which worries me every time I see a diphtheria patient, and which I can only call extreme exhaustion of the vaso-motor nerve. That is the way the fine, quick, weak, and nervous pulse impresses me. Such a pulse we may find on the second day, yet there may be no more elevation of temperature than to two or three degrees above the normal, and surely so short a period of illness cannot have so weakened the actual muscular force of the heart as to render it incapable of a more steady and strong contraction. Undoubtedly the motor nerves suffer eventually, as witnessed by the number of cases of diphtheritic paralysis following the convalescence; but what will explain this early affection of the vaso-motor system? Surely in our treatment we must not neglect this crippled force which rules the heart.

Dr. Cowden, of Rock Island, who was asked to take part in the discus-

sion, said that he had employed the bichloride mercury in the treatment of diphtheria with good success. In some cases, especially in children, he used broken doses of calomel, at the same time using whisky and supporting treatment faithfully. As to local treatment, he used tincture chloride of iron, and tried to keep the nasal passages open in case of nasal diphtheria, even if necessary to use a probe to secure an opening.

Dr. Grant looked on diphtheria as the most fatal disease we are called upon to treat. Reliable statistics from other sources closely correspond to our experience in Davenport. In carefully diagnosed cases perhaps not less than 40 per cent of them terminate fatally. He used the supportive treatment with the iron and potash, etc., locally, which were the sheet anchors mentioned in the paper, and he must say that he had very little confidence in any treatment used by the profession. He listened to a paper on diphtheria at the State Medical Society, but he listened in vain to hear anything whatever new on the subject.

Dr. Braunlich, whose practice is in the west end, where the epidemic has always been most prevalent, said that he had lost some fifty cases of diphtheria during the last four years, and had a large number of recoveries in bad cases. In addition to the ordinary local treatment he extols heroic doses of whisky—a pint every twenty-four hours to a child of a few years. The doctor stated that he thinks in some of his cases a fatal result might have been avoided if the little patients could have been prevailed on to take the desired amount of stimulants, which in many instances was impossible to do, without having a tussle with them which their prostrated conditions would not justify.

Dr. Crawford said that if the practitioners wished to lose what *conceit* they had in themselves it was only necessary to treat Davenport diphtheria. In reading the statistical reports in our journals like the one mentioned in the paper, of over two hundred cases treated with the benzoate of sodium without losing a case, that it was either not diphtheria or a form of the disease with no such malignant type as met with in the diphtheria of Davenport. He believed a large per cent of the diphtheria cases were certain to prove fatal under the most favorable circumstances. To show how little could be expected from treatment in some of these cases, he cited a typical case in his own practice of a few weeks ago. A

little girl 13 years old was taken very suddenly with diphtheria. He was called immediately and found what promised to be a very serious case. Put patient on internal and local treatment of iron, chlorate of potassium, and glycerine, a quart or more of milk and nearly a pint of whisky every twenty-four hours for fourteen days. The child was very willing and conscientious and the parents were most faithful in carrying out the directions. The membrane extended from the entire surface of the tonsils to the palate and the nasal passages, in the meantime sloughing, and new membrane forming. But the child's strength was so well maintained by the heroic doses of whisky, iron, and milk that there was a ray of hope left. At the end of two weeks' siege, when all was going on so happily in the way of treatment and tolerance to the treatment and nourishment, all at once the stomach revolted absolutely against even milk, and in a few hours the patient died with the most profound manifestation of blood poison. This convinced him more than ever that we have a very fatal disease to contend with, and many cases necessarily fatal even with the most faithful treatment.

Dr. Grant closed the discussion by referring to the experience brought out by Dr. Crawford as true in his own practice—patients progressing with hope of success under faithful and appropriate treatment, when suddenly the whole situation is changed and nature revolts against every measure of treatment. All the evidences show that many cases are disappointing under most favorable circumstances.

DAVENPORT, IOWA, June 1, 1887.

DR. WM. L. ALLEN, *Pres. Scott Co. Med. Soc'y*:

DEAR SIR:—In answer to your circular of May 23d, on the subject of "Treatment in Diphtheria," I would say briefly that although I have employed a multiplicity of measures (not, however, including intubation), I have found nothing curative when the larynx is invaded—that is, in diphtheritic croup. To arrest the disease in the pharynx, the internal administration of mercuric bechloride, gr. 1-32d in solution, every two to four hours, together with tinct. ferric chloride and glycerine, equal parts, one-half ounce every hour, have seemed to me to be most effective. The local action of both solutions in the throat is supplemented by their systematic action, and if

rationally regulated by the watchful physician, I think croup and death will be prevented in more than the average—60 per cent—of cases. Of course the patient must be kept in bed, with pure air and clean clothes; as much nourishment must be urged as the patient can digest (not more); active inflammation calls for cracked ice in the mouth and wet cloths to the neck; antiseptic nasal injections may be demanded; the bowels should be watched, as in all prolonged sickness, and stimulants should be given when digestion fails, but not urged so long as food is fairly taken. My answer to your three queries in their order would be as follows:

(1) Hg.Ch. and Tinct. Fer. Chl., with food and stimulants as indicated.

(2) The bi-chloride, iron, glycerine, and ice, with carbolized saline nasal injections, and wet compress when needed. No cauterizing and no forcible use of swab.

(3) I use the chloride of iron with glycerine, at first *undilute*, little and often, allowing no drink for some minutes; and later, dilute, as a tonic. The presence or absence of chlorate of potassium has not seemed to me to affect the action of the solution. It seems rational that the effect of glycerine in determining an outward and watery flow from inflamed tissue should be the same in the throat as in the uterine cervix.

Respectfully, etc.,

C. H. PRESTON.

SOCIETY REPORTS.

STATE MEDICAL SOCIETY.

SIoux CITY, IOWA, May 18-20, 1887.

The thirty-fifth annual session of the Iowa State Medical Society convened in Academy of Music, Sioux City, Wednesday forenoon at 10:30; was called to order by the president, Dr. A. W. McClure.

Prayer was offered, by Rev. Glass.

Officers present at the opening of the session: A. W. McClure, Mt. Pleasant, president; J. C. Hinzey, Ottumwa, first vice-president; D. S. Fairchilds, Ames, second vice-president; S. S. Lytle, Iowa City, secretary;

J. R. Savage, Sioux City, assistant secretary; G. R. Skinner, Cedar Rapids, treasurer.

The president then introduced Hon J. M. Cleland, mayor of the city, who delivered an address of welcome on behalf of the city.

Dr. J. Perin Johnson, president of the Sioux City Medical Society, delivered the address of welcome on behalf of Sioux City Medical Society.

The president, Dr. McClure, responded in a neat little speech.

The next was the reading of the minutes of previous meeting, which was partially completed when upon motion the farther reading was dispensed with, and after some slight correction the minutes as read were approved.

The committee on arrangements, not being ready to report, was given more time.

The following committee on finance was appointed by the president: Dr. Geo. F. Jenkins, Keokuk, Dr. Wm. Watson, Dubuque, Dr. D. W. Crouse, Waterloo.

A communication from the druggists of Sioux City, extending a very cordial invitation to the society to visit their places of business, was read.

Society adjourned till 2 o'clock p. m.

AFTERNOON SESSION.

Called to order by the president, Dr. McClure, at 2 p. m.

Dr. Beggs, chairman of committee of arrangements, reported a list of permanent and delegate members as having registered, and moved that those who had presented credentials as delegates be accepted as such, and elected members of the society. Carried.

(See list.)

Also the following list of members by invitation, who had been properly recommended, were elected:

D. W. Farnsworth, M. D., Galva, Iowa.

F. J. Smith, M. D., Sioux City, Iowa.

M. B. V. Johnson, M. D., Sioux City, Iowa.

A. C. Bergen, M. D., Sioux City, Iowa.

J. W. Frazer, M. D., Sioux City, Iowa.

Gottfried Brasch, M. D., Sioux City, Iowa.

O. D. Wilson, M. D., Maurice, Iowa.

The president's address being the next in order, the first vice-president, Dr. J. C. Hinsey, took the chair. The address was timely and received with considerate attention, and referred to a special committee consisting of Dr. W. F. Peck, Davenport; Dr. Wm. Watson, Dubuque; Dr. J. M. Emmert, Atlantic.

Dr. J. C. Shrader, as delegate from State Board of Medical Examiners, requested a copy of that part of the president's address which referred to the State Board of Examiners. Request was granted.

SECTION ON PRACTICE OF MEDICINE.

The report was read by the chairman, Dr. Middleton. Received, and discussed by Dr. Jenkins, who spoke of the method of introducing substances into the blood to destroy germs, etc. They had been effectual, and would not only prove of benefit in phthisis, but also in other diseases of germ origin. Thought that consumptives would be benefited by Bergeons treatment if taken in time. He considered it a great advancement in the treatment of all diseases of a germ nature. The paper was referred to committee on publication.

Dr. D. S. Fairchild then read a paper entitled "Addison's Disease;" was received and referred to committee on publication without discussion.

Dr. G. W. Beggs, chairman of committee of arrangements, presented a list of delegates who, having proper credentials, on motion they were received.

Dr. G. H. Hill read a paper on "General Paresis of the Insane," which was received and referred to committee on publication without discussion.

The next a paper by Dr. A. A. Noyes, entitled "Faith Cure." Discussed by Dr. Peck, who gave us a very interesting account of his observations relative to similar treatment while in Europe, where he thought good had been done. Dr. Peck referred to a case occurring in the practice of Vice-President J. C. Hinzey, who spoke of his case of double inguinal herma in an old man 78 years of age, who could not dress himself without first adjusting truss. This man went to Des Moines to one of the faith-cure concerns, and returned apparently cured. Dr. Emmert had no faith in such treatment. Dr. Skinner said we can look back and see mesmerism, witchcraft, etc., and now comes christian science,

an offshoot from Mohammedan teaching. He thought best not to grieve, but let it pass and die out as would an epidemic of measles.

Dr. Smith spoke of hysteria, and thought a little cold neglect was about as effectual treatment as could be employed. He related a case, etc. Drs. A. L. Wright and Farnsworth also discussed the paper at some length. The paper was referred to committee on publication.

Dr. Jewell read a paper on "A Study of an Epidemic of Diphtheria," which was received, and discussed by Drs. R. C. Rice, J. P. Savage, and D. Macrae. Dr. Grant spoke of the candor of the paper, its arrangement and success of treatment. He has not met any treatment yet that will answer in every case and all stages of the disease. Dr. Smith spoke of the propriety of giving one ounce of alcohol every three to six hours, diluted with boiled starch. Thought he had saved cases with it. Dr. Jenkins said that in some epidemics success was due to the fact that a majority of the cases were adults. Was always anxious when the age of the patient ranged from 2 to five years. Among adults had not lost a single case. Dr. Hyatt spoke of the treatment of the disease by lemon juice. He had never lost a case of diphtheria when 14 years of age, etc. Dr. Jewell stated that he used spray every half-hour with adults; that there were as many under ten years as above; that laryngeal diphtheria was generally fatal, and this was true in his cases. Referred to committee on publication.

Dr. McClure announced that the society would meet by congressional district immediately after adjournment, for the purpose of selecting a nominating committee, districts to report their member of the nominating committee by to-morrow morning session.

Adjourned to 7:30 P. M.

EVENING SESSION.

Called to order at 7:30 by the president.

The paper by Dr. P. J. Farnsworth, on "Antagonism of Atropine and Morphine," was read by Dr. Peck, Dr. Farnsworth being absent. Received, and discussed by Dr. Hill, who related a case of poisoning by one ounce chloroform; also, 20 gr. gum opium. Gave 1-20th gr. sulph. atropia in syringe full whisky every half-hour. Also used electricity, and gave 4 oz. milk and 1 oz. whisky every two hours; recovery in about eighteen hours. Dr. Shrader related a similar case. Gave 1 oz.

Fl. Ext. Belladon; recovery. On motion, the paper was referred to the committee on publication.

The section on *Materia Nudrea* was passed, no one being present.

SECTION ON NECIOLOGY.

1st Dist. Dr. Jenkins, from first district, reported the death of Dr. Hammond, of Fairfield, but had no data.

2d Dist. Dr. Middleton reported an obituary—Dr. Robertson. Remarks by Drs. Watson, Hill, Maxwell, and McClure. Dr. Thomas moved that the committee on publication prepare a memorial page for Dr. Robertson in the next published transactions. Carried.

Dr. Macrae moved that in addition to a memorial page the committee on publication procure a photograph of Dr. W. S. Robertson as a frontispiece for next volume transactions. Carried.

3d Dist. No report.

4th Dist. Dr. Smith read the obituary of Drs. Nichols and Bisby.

5th Dist. No report.

6th Dist. Report Dr. Huntsman, prepared by Dr. Hyatt, who being absent, was read by the secretary.

7th Dist. No report.

8th Dist. No report.

9th Dist. No report.

10th Dist. No report.

11th Dist. Dr. A. L. Wright read the obituary of Dr. Guyton.

Adjourned to 9 A. M. to-morrow.

SECOND DAY—MORNING SESSION.

Called to order by the president at 9 a. m.

A communication from J. W. Smith was read by secretary.

Supplementary report from committee of arrangements, by the chairman.

SECTION ON SURGERY.

Report by the chairman, D. Macrae. Received, and discussed by Dr. W. F. Peck, who spoke of Dr. Keith's method of operating by simply washing instruments in hot water, using no antiseptic. Cleansed sponges in hydrant water. Used the silk ligature in preference to any other. Treats stump in ovariectomy with heat. Uses no ligature on stump. Drops it into abdominal cavity. Is careful to have abdominal

cavity thoroughly cleansed, and closes abdomen by silk ligatures. He spoke of Dr. Tait, who used antiseptics thoroughly, and of Dr. Carl Brown, of Vienna, who preferred carbolic acid, keeping the room thoroughly filled with the fumes while operating.

Dr. Grant spoke in regard to the use of antiseptics, and that Dr. Keith did use antiseptics, washes his hands and instruments, and on his clothing a carbolic acid spray. That the Lister method had been abandoned by most all surgeons; even by Lister himself. Believed in treating stricture by dilatation.

Dr. Clapp spoke favorably of the use of electricity in dilating strictures, and related a case in which in a very short time (a few hours) he passed a No. 10; in four days passed No. 14 sound. He had treated five or six cases by electricity, and with the exception of one all recovered.

Dr. Crouse spoke of electricity in urethral stricture. The paper was referred to committee on publication.

The committee on arrangements made a supplementary report of permanent and delegate members. Delegate elected.

Dr. G. R. Skinner moved that a committee of three be appointed to take into consideration the matter of financial aid to the International Medical Congress, and report at some future time. Drs. Skinner, Clapp, and Jenkins were appointed as such committee.

The committee to which was referred President McClure's address made the following report :

In receiving and reporting upon the address of President McClure we take special pleasure in complimenting it both in a general and special sense. The subjects selected for the entertainment of the profession are those which particularly have to do with the well being, progress and relief of those who are best cared for by the experienced physician. It bespeaks in its familiarity with the wants of the distressed a personal knowledge which gives great authority to his judicious recommendations so excellently presented.

The matter of a board of reviewers being selected by the legislature to give faithful and minute attention to the eleemosynary institutions of the state is deserving of the consideration of the society.

The allusion to the insufficient powers possessed by the state board of health in executing the law of the last general assembly, we think that

there is cause for modification of the statute to such an extent as to allow the purposes of the profession to be more fully carried out.

The reference to the importation from abroad of undesirable immigrants, we think commendable in the extreme ; but your committee think action has already been taken in an indirect way by congress. No harm, however, can come from reinforcing views hitherto expressed.

(Signed)

W. F. PECK,
WM. WATSON,
J. M. EMMERT.

The report was, on motion, made the special order for 3 o'clock.

Dr. A. J. Crawford read a paper on "Mechanico-Therapy in Hip and other Allied Joint Diseases, with Series of Instruments." Dr. Crawford said that the leading idea he had was to carry out practically a well known principle, elastic extension. He claimed no originality as to principle, but did claim originality as to the application thereof to the instruments he had constructed. He discussed exhaustively the treatment of these diseases, condemning the treatment by fixation and advocating elastic extension. He then exhibited and explained his instruments, the same being apparatus for the hip joint, knee joint, ankle joint and wrist joint.

This paper elicited extended discussion, and the instruments were carefully examined by the members present. Drs. Grant, Peck, Warren, Clapp, Watson and others joined in the discussion, many agreeing with the views expressed in the paper, and considering the apparatus very valuable, others taking the opposite view.

Dr. Peck thought that all flexible instruments must be more or less defective.

A paper was then read by Dr. Thomas on "Injury to the Vertabræ."

Adjourned to 1:30.

The first paper read in the afternoon was by Dr. H. C. Markham on "The Importance of the Etiology of So-called Winter Cholera." He described winter cholera as a branch of germ disease, and he considered its relations to climate and showed its prevalence in seasons of great drouth and heat like 1876 and last year, and as the present season would likely prove. The consumption of ice, he believed, had a close relation to the disease, and he traced the relation. A large share of the ice is

harvested from stagnant pools of vitiated streams, and being used in great quantities in drinking water and otherwise, furnishes a means of conveying the disease germs. He believed that there should be careful purification of ice water. Ice could be used as a cooling agent, and was useful and even a necessity in this way. But he believed this subject ought to be more carefully studied in connection with the so-called winter cholera.

In discussion Dr. Hobby agreed with the views expressed in the paper, and detailed some elaborate investigations made of ice in New York, showing the presence in the snow-ice of a vast number of bacteria, most of which were not identified as disease producing.

Dr. Hobby then read a paper on "Some Interesting Points in Cerebro Spinal Pathology," in the discussion of which Drs. Crouse and Markham joined.

The next paper was by Dr. E. Hornibrook on the subject of "Laparotomy—two cases."

This paper was very elaborate and technical and one of the most interesting read during the entire session of the society, according to declarations of leading physicians. The paper was especially commended because it reported cases in which the result was death—unsuccessful cases.

Dr. Clapp said he felt like going over and shaking hands with Dr. Hornibrook for the candor and courage, no less than for the ability, shown by his paper. And this view was reiterated by other members.

The hour had arrived at which the report of the committee on the president's address was the special order.

Dr. Shrader, a member of the State Board of Health, took the floor to reply to the questions raised by President McClure's address, which he read. Those questions were, in short, as to whether the board was acting with sufficient vigor, under the law, in refusing to grant certificates to incompetent and unworthy persons, and in expelling such when they were found to have been admitted, on the motion of the board itself and without formal complaint and prosecution by other members of the profession. Dr. Shrader read the law passed by the last legislature and proceeded to show that the board was acting with all diligence and using all its powers to protect the profession and the people. He said the board had taken legal advice, and found that the law specially exempts from examination persons who had diplomas and who had practiced in the state five years before the law.

He said that the law was plain, and that when the conditions had been complied with there was nothing to do but to issue the certificate, no matter if the board know, as a matter of fact, that the person was morally or otherwise unfit. Able legal counsel had advised that in such cases a writ of mandamus would be to compel the board to issue the certificate. The doctor went on to show the great efforts made by the board to drive out quacks and the liberal success which had followed their efforts.

Dr. Kennedy, secretary of the State Board of Health, also presented the facts defending the board. He said that the law is not perfect—not all that it should be. It was the best that could be got from the legislature and it had taken fifteen years of hard work to get it. It was a great advance on the old order of things. The board had accomplished a great deal under it. It had driven large numbers of medical pretenders out of the state. It had at least done one thing: it had stopped the immigration of quacks who had been driven out of other states.

A spirited debate ensued in which Drs. Hobby, Clapp, Jenkins, Crouse, Watson, Hill, and others joined. The gist of the discussion was that while the law was imperfect, it was a long step in advance and had done great good, and that it was best to let well enough alone for the present; that it was not advisable to reopen the question immediately in the legislature lest what had been accomplished might be undone; that the State Board of Health was doing all that could be done under the law, and that as soon as public sentiment was educated to demand a more stringent law, the profession should move for it.

The report of the committee on President McClure's address was then referred to the committee on publication.

Dr. J. P. Gardner then read a paper on "Excision of Spina Bifida."

At 5 o'clock the society adjourned to 6:30 p. m., in order to accept the invitation extended by John Pierce to take a drive over the city.

The evening session was opened by an elaborate paper by Dr. T. J. Maxwell, on "Intra Capsular Fractures," in which the subject was minutely discussed, and three cases were described in illustration.

A long discussion ensued. Dr. Clapp said that many surgeons and physicians would probably disagree with him, but he saw no use in the terms intra capsular and extra capsular fracture. It was, in his opinion, simply an impossibility to determine the difference between the fractures

to which it had been attempted in the books to apply these terms. It was a subject which he had studied carefully, and this was his best conclusion. He did not take issue with the treatment outlined in the paper—that was good—but he did take issue with the distinction sought to be drawn by the terms. There was no real difference.

Drs. Jenkins and Peck also made quite extended remarks on the subject of the paper.

The committee on finance then made the following report, which was adopted :

To the Members of the Iowa State Medical Society : Your committee to whom was referred the request of the International Medical Congress for financial aid, after carefully considering the subject and realizing the necessity of maintaining the dignity of the profession in the United States by properly entertaining the distinguished visitors that are expected from foreign countries, would advise and recommend that an order be drawn on the treasury for the sum of \$200 and that the treasurer be instructed to forward the same to the chairman of the finance committee of said congress.

(Signed)

G. R. SKINNER,
E. M. CLAPP,
GEO. F. JENKINS.

The committee on nominations, being made up of one person from each congressional district, was as follows :

First district, J. A. Scroggs; Second district, W. F. Peck; Third district, Wm. Watson; Fourth district, J. H. Gardner; Fifth district, J. S. Love; Sixth district, J. C. Hinzey; Seventh district, J. D. McCleary; Eighth district, J. D. Wilson; Ninth district, F. S. Thomas, Tenth district, A. L. Wright; Eleventh district, J. A. Sherman.

The committee on constitutional amendments recommended the following amendment, which, under the rule, must lie over till the next annual meeting :

11. This society shall hold its meetings on the third Wednesday in May, at Des Moines, in each year, except when the sessions of the American Medical Association include this date; then the president shall name the day, which shall be within two weeks of the third Wednesday in May, and the secretary shall give not less than thirty days' notice of such change.

The committee on nominations made the following report, which was received and which went over for final action to the next day's session :

President—J. C. Hinzey; First Vice-President, D. Macrae; Second Vice-President, J. C. Schroder; Secretary, S. S. Lytle; Assistant Secretary, A. J. Crawford; Treasurer, G. R. Skinner; place of meeting, Des Moines.

Committee of Arrangements—J. M. Emmert, chairman; A. A. Deering, J. T. Priestley, Dr. Brubaker, R. T. Hoffman, Dr. Gorrell, of Newton.

Committee on Publication—W. Watson, chairman; F. E. Cruttenden, J. Williamson, J. H. Gardner; ex-officio, S. S. Lytle and G. R. Skinner.

Committee on Ethics—A. W. McClure, chairman; A. L. Wright, W. D. Middleton, A. A. Rawson, T. J. Maxwell.

Revision of Constitution and By-laws—H. A. Gilman, S. E. Robinson, D. Schofield.

Committee on Necrology—First district, H. B. Young; Second, W. L. Allen; Third, G. H. Hill; Fourth, P. M. Jewell; Fifth, G. E. Crawford; Sixth, J. Williamson, chairman; Seventh, L. Schroder; Eighth, J. D. Reynolds; Ninth, F. M. Powell; Tenth, Charles Enfield; Eleventh, J. P. Savage.

Chairmen of Committees—Medicine, D. S. Fairchild; materia medica and therapeutics, C. M. Hobby; surgery, W. F. Peck; obstetrics and gynecology, A. L. Wright; state medicine and public hygiene, J. F. Kennedy; microscopy, R. W. Hill; ophthalmology and otology, J. Perrin Johnson.

Delegates to America Medical Association—First district, Dr. Robertson, A. W. McClure, Dr. Cushman; Fifth, H. Ristine, G. R. Skinner, J. S. Love, G. E. Crawford; Seventh, J. D. McCleary, A. G. Field, E. Porterfield, Dr. Pipens, Dr. Fairchild; Eighth, Drs. Lewellyn, Lawler, Shifferlie, Rawson; Ninth, T. B. Lacey, E. B. Moore, W. F. Graham, C. H. McClees.

Trustees—H. M. Dean, one year; S. B. Chase, three years; E. W. Clark, one year; J. D. McCleary, two years; F. S. Thomas, two years; R. C. Rice, three years.

The hour for the banquet at the Garretson hotel having arrived—9 o'clock—the society adjourned to 8:30 in the morning.

THIRD DAY—MORNING SESSION.

Called to order by Vice President Hinzey.

Secretary read the report of the Committee on Publication. Adopted.

Secretary then submitted his financial report, which was referred to the Finance Committee.

SECTION ON OPHTHALMOLOGY.

Dr. Hazen read a paper on "Mannerisms Through Optical Defects." Received on motion of Dr. G. H. Hill and discussed by Drs. Johnson, of Sioux City, and referred to the Committee on Publication.

Letters from Drs. Getz, Boucher and Young regretting absence, and sundry papers were read.

Report on Microscopy by Dr. D. S. Fairchild, referred to Committee on Publication.

Paper by Dr. H. L. Getz on Hints on treatment of Hemorrhoids, read by the title and referred to Committee on Publication.

A paper by Dr. Boucher entitled Therapeutics of Antiseptics, read by title and referred to Committee on Publication.

SECTION ON STATE MEDICINE AND HYGIENE.

Report by Dr. J. P. Savage, received, discussed by Drs. Johnson and Hazen, and referred to Committee on Publication.

The following bills were allowed and ordered paid.

The Secretary for postage stamps and other expenses of office, \$22.55.

The Treasurer salary and postage, \$54.50.

Dr. Middleton for services on Trans., vol. 6., \$50.

Dr. G. W. Beggs, chairman Committee of Arrangements, for expenses of this meeting, printing program, hall rent, etc., \$61.50.

A paper entitled Home Sanitation from infancy to old age, by Stella B. Nichols, was read, received and discussed by Drs. Hazen, Skinner and Johnson, and referred to Committee on Publication.

SECTION ON OBSTETRICS AND GYNECOLOGY.

Report by Dr. J. A. Scroggs, was received and discussed by Drs. Hazen and Grant, and referred to Committee on Publication.

Finance Committee reported accounts of Treasurer and Secretary correct. Report adopted.

President McClure upon retiring made an address thanking the society for honors conferred and the chairmen of sections for their hearty co-operation.

D. J. C. Hinzey, President elect, was then escorted to the chair, made a few appropriate remarks hoping to make next year's meeting a success by the co-operation of the members of the society.

President appointed the following persons as a Finance Committee for the ensuing year: Drs. Watson, Kennedy and Emmert.

The society adjourned after adopting numerous resolutions of thanks for favors received.

KEOKUK COUNTY MEDICAL SOCIETY.

SIGOURNEY, IOWA, May 10, 1887.

Ninth annual meeting. 11:00 A. M.—Society met in Workman Hall. On motion of Dr. McWilliams, Dr. J. D. Henry was chosen as chairman *pro tem*. Minutes of last meeting read and approved. Members present, Drs. Henry, Henderson, Eckley, McWilliams, Sherlock, and Auld; applicants for membership, Drs. J. A. Riggin, J. C. Jackson, and W. E. Ragan. The board of censors recommended all for full membership, and they were duly elected permanent members.

By invitation of Dr. Riggin, the society appointed their next place of meeting at What Cheer, the second Tuesday of July.

After the transaction of the business belonging to the society, adjourned for dinner.

AFTERNOON SESSION.

1:30 P. M.—Society called to order by the vice-president, Dr. C. M. Hamilton. Members present, Drs. Hamilton, Eckley, Cameron, Shuell, Jackson, McWilliams, Riggin, Henderson, Ragan, Sherlock, Cook, Auld; visiting, Dr. Eastburn.

Dr. Sherlock reported a case: Lady sick with difficult deglutition; pain, only when swallowing; of a few months duration; diagnosis, obscure. Upon a full report, discussed by Drs. Riggin and Eckley. They said these cases were very difficult to diagnose; might be either ulcer or cancer of the esophagus; and recommended anodynes and plenty of food.

Dr. Jackson presented a case: Mrs. D., aged 52, with a complicated disease of both eyes. Case examined and discussed. Recommended to a specialist.

Dr. Eastburn, of South English, presented a case: Mr. G., with injury of knee joint, of several months standing. Discussed fully. Dr. Riggin thought dislocation of semilunar cartilage; Drs. Shuell, Cook, and others thought synovitis.

Dr. W. W. Eastburn was recommended by the board of censors for membership, and was elected a permanent member.

Then followed the annual address of the retiring chairman, Dr. W. S. Parks, read by the secretary. Received by the society and placed on file.

Dr. C. M. Hamilton read a paper entitled "Typho-malarial Fever, and Its Treatment." Discussion—Dr. Riggin: There is no such disease as typho-malarial fever, but there are two distinct diseases; the one taking precedence to the other; he gave his views at quite a length. Dr. J. M. Auld: The discussion as to whether or not these are two distinct diseases, and no such disease as typho-malaria, is of but little moment to us, but the management and treatment of these cases; I recommend quinine, not in antipyretic doses but in tonic doses; resorcline, as an antipyretic, in sufficient doses to control the increased temperature; also cold and warm sponging, cold packs, turpentine for tympanitis and hemorrhages. Dr. W. T. Eckley: I did not come to read my paper to-day so much as to hear this paper on typho-malaria; thinks there is such a disease. Dr. P. Sherlock: I am interested in this discussion, and must say I see a different development in these cases. Dr. S. D. Cook: We call these cases malarial fever in the beginning, and do not recognize the typhoid trouble, owing to its association with the malarial symptoms.

Dr. W. T. Eckley read a paper on "Medical Misnomers." Discussion, brief.

On motion, the rules were suspended to elect officers.

Delegates to the State Medical Society, Drs. Riggin, Shuell, Eckley, and Cook.

Delegates to the American Medical Society, Drs. Auld and McWilliams; alternates, Drs. Eckley and Henry.

Officers for in-coming year:

President, Dr. J. A. Riggin, What Cheer;
Vice-president, Dr. W. T. Eckley, Harper;
Recording secretary, Dr. W. W. Eastburn, South English;
Corresponding secretary and treasurer, Dr. J. M. Auld, Keota;
Censors, Drs. Hamilton, Jackson, and Sherlock.

This was the most interesting and profitable meeting of the society, and it is hoped the beginning only of better times for the society, and I am sure those who attended were greatly benefited and more than repaid for attending. Society adjourned, to meet at What Cheer, July 12, 1887.

C. M. HAMILTON,

J. M. AULD, *Secretary.*

President.

CENTRAL DISTRICT MEDICAL ASSOCIATION OF IOWA.

The Central District Medical Association, of Iowa, held its thirteenth annual meeting at the Wells House, Boone, Iowa, June 21, 1887.

The meeting was called to order by the President at 4 P. M.

Officers and members present, as follows:

H. D. Ensign, President; R. R. Williams, Vice President; A. A. Deering, Secretary and Treasurer; W. J. Saunders; J. H. Lyon; D. Sickler; A. L. Wright; L. R. Sale; G. D. Rowe; P. S. Moser; O. M. Lowry; J. T. Carney; D. N. DeTar; G. H. Grinnell; J. H. Noyes; W. S. Schemerhorn; D. J. Brookings; Chas. Enfield; S. O. Stockslager; H. M. Templeton.

The minutes of the last meeting were read and approved.

The Board of Censors reported recommending Dr. J. J. Deshler, of Glidden, a graduate of College of Physicians and Surgeons, Baltimore, Md., March 3, 1880, for membership, and he was duly elected.

The Secretary presented a bill for expenses during the year amounting to fifteen dollars and twenty cents, (\$15.20), and on motion it was allowed and ordered paid.

The Treasurer's account showing sixty-five dollars and twenty-seven cents, (\$65.27) on hand, was, on motion of Dr. Wright, adopted.

The Secretary's report showing the membership at the beginning of this meeting to be forty-three (43) was then ordered placed on file.

At this time the society took a recess for the purpose of examining patients presented by several members; Drs. Fairchild, Lyon, Ensign and Stockslager each presented one. These cases were discussed by the members and proved an interesting feature of the meeting.

Dr. Charles Enfield read a very interesting paper on "Localized Muscular Wasting," following an injury, with history of case

This paper was discussed by several members present, who had given expert testimony in the case before the courts and developed the fact that doctors disagree when put upon the witness stand. On motion the paper was received by the Society.

Dr. Saunders read an interesting paper on "Extirpation of Coccyx." The paper was received by the Society and discussed by several members.

The Society adjourned at 7:15 P. M., for supper to meet at 9 P. M.

EVENING SESSION.

The members with ladies took supper at the Wells House and were entertained in the parlor with music and recitations arranged by the ladies of Boone. At 9 P. M. Society convened as before.

Dr. Moser presented notes of a very interesting case, occurring in his practice, of twin pregnancy, with death of one foetus at fourth month and retention to full time with birth of one living child. The foetus was presented.

Dr. Lowry read a paper on a "New Remedy for Rheumatism," Thapsium Aurium; presenting specimen of the plant and also tincture made from the same. On motion the paper was received.

The President now read his address, a very interesting paper, and it was listened to with marked attention.

The annual election of officers was now held with the following result:

R. R. Williams, President; D. J. Brookings, Vice President; A. A. Deering, Secretary and Treasurer.

On motion of Dr. Wright it was voted to hold the next meeting at Ames.

On motion of Dr. Wright the President's address was referred to a committee appointed by the President as follows: Drs. Wright, Schemmhorn and Fairchild.

On motion of Dr. Ensign the Secretary was authorized to pay bill for supper to-night and draw an order for same.

The President now made the following announcements:

Papers for next meeting—Drs. DeTar, Fairchild, Templeton, Schemerhorn and Wright.

Committee of Arrangements—Deering, Fairchild and Templeton.

Board of Censors—Drs. Carney, DeTar and Saunders.

Committee on Ethics—Drs. Ensign, Schemerhorn and Moser.

On motion of Dr. DeTar the Secretary was instructed to draft resolutions of thanks to the ladies for their entertainment to-night.

The committee on the President's address made a verbal report recommending that the Society do not change their time of meeting, that in their judgment it was not expedient at this time to hold more than two meetings a year. The report was accepted.

The treatment of Phthisis by gaseous enemata was discussed by several members.

A voluntary paper by Dr. Carney on the relation of the physician to pharmacist was listened to with interest and was on motion received.

On motion the Society adjourned at 11:45 P. M.

A. A. DEERING, *Secretary*.

MEDICO-LEGAL.

LOCALIZED MUSCULAR WASTING FOLLOWING AN INJURY WITH HISTORY OF CASE.

BY CHAS. ENFIELD, M. D., JEFFERSON, IOWA.

The significance of muscular wasting following an injury came up as a prominent feature in establishing a claim for damage in a case recently tried in our state courts. As five of the members of this society appeared as witnesses during the trial it seemed to me that it might be profitable to review the facts, and state the reasons why it was contended that the

wasting found at the examination preceding the trial indicated organic lesion of the nervous system. Aside from the condition which the atrophy seemed to denote, there were the effects of a profound nervous shock, as well as weakness of right hand and arm extending to shoulder joint, but the chief claim to a pecuniary compensation was based on the atrophy, as giving an unfavorable outlook in the future.

Angelena W., 60 years of age, and in fair previous health, fell through a bridge in Greene county May 9, 1885. She, with her daughter and son-in-law drove upon the undermined span, when it gave away, falling through a distance of twenty feet to the water. The detached portion of the bridge maintained its general level, and when it reached the current it floated and was held in position in the general line of the structure. There was no loss of consciousness or vomiting as an immediate result, and medical aid was not thought to be needed until two days had elapsed. Then attention was called to an extensive contusion of right shoulder with ecchymosis, involving the superficial tissues. Shock was denoted by restlessness and disturbed sleep. There was much anxiety about the more severe injury sustained by her daughter, which resulted fatally one month later from an intra-cranial traumatic lesion.

There is no doubt that this bereavement with its attending distressing circumstances intensified the effects of the original shock in Mrs. W.'s case.

Irritability and impaired control, imperfect sleep, and fears of carriage locomotion, inattention to household duties, and pain in right shoulder and arm were alleged. As objective signs, as gathered at occasional visits throughout the subsequent year, a general impairment of nutrition was sufficiently marked. There was weakened grasp in the right hand, with inability to use it, and with this paralysis there was exaggeration of the muscle reflex action, the extremity being the seat of visible muscular twitchings. As a late symptom, atrophy of certain muscles about the shoulder joint on the right side became apparent. They were the supra spinatus and pectorales major, its upper segment. The electrical reactions of the muscles of this shoulder were impaired, there being a distinct delay in their response to the slowly interrupted faradaic current.

The case came on for trial in the fall of 1886, Greene county being defendant.

The defense took the ground that such impairment of nutrition as the limb showed was due to non-use, and in the same breath, that in point of fact plaintiff did use the hand and arm when unobserved. That if the injury of the shoulder caused the disability, it must have done so by either exciting inflammation resulting in ankylosis at the joint, or it must have caused paralysis.

Now the head of the humerus moved freely within its capsule when manipulated, and the arm being raised to the horizontal position out from the body it did not drop to the side when unsupported, so that the defense acted on the view that the plaintiff was malingering as to the local condition. As to the general condition, it was thought that it was due to the grief natural to a parent who had lost a child, and that no such nervous shock could result from the accident as would call for compensation.

Shock to the nervous system as a result of violent jar to the whole body, and persisting in its effects for a variable length of time, depending upon the age and constitutional condition of the individual, is a subject of contention in certain medico-legal cases. If its existence be claimed upon the subjective phenomena alone it would be a slender support in a claim for money damages. It may be remarked here that a prominent writer, Dr. Wilks, maintains that such jar may lead to subsequent spinal cord degeneration. Evidences of impairment aside from the patient's statements would be probably forthcoming if carefully sought for and sufficient time had elapsed, to indicate the structural change. So that the disputed feature would be in the etiology.

Tabes dorsalis has been claimed as a cause of a railway collision.

The focal lesion involving the nerve supply to the right upper extremity was the chief evidence of a tangible kind that was to be offered.

Disuse would not account for it, for its effects are trivial, and it affects all the muscles of a limb equally, and usually the muscles on the distal side of the non-used joints. Moreover evidence was brought forward to show that plaintiff did use her affected arm.

It was not claimed in this case that the paralysis was total. Paresis is paralysis. Any diminution of the voluntary power in a muscle is paralysis.

The boy brought before the society at the last meeting with primary spastic paraplegia was able to maintain himself erect with some assistance, and if one of his legs were extended while he was in the sitting posture, it would be so maintained for a short time. The extensors muscles of his lower extremities were paralyzed, but were also the seat of spastic contraction. A commencing spastic condition could be noticed affecting in slight degree the atrophied muscles about Mrs. W.'s shoulder joint, indicating secondary implication of the pyramidal tract in the vicinity of the affected ganglionic cells in the anterior cornua.

The existence of manifest local spasm renders this probable. Physiologically, muscle, nerve, and nerve cell are one. An interference with one link leads to secondary degenerative changes. It is probable that in this case the initial change was suffered by the nerve endings in the contused muscles, leading to an ascending neuritis that subsequently involved the large cells in the anterior horn of the gray matter. The upper segment of the motor tract was not apparently affected.

Notwithstanding the contradictory medical evidence, the jury believed in the good faith of the plaintiff, and awarded her a verdict, upon which a compromise was recently effected by the county.

APPRECIATION.

July 25, 1887.

F. E. CRUTTENDEN, M. D., EDITOR, DES MOINES :

My Dear Doctor — Following the example of "H. D. E." I enclose \$2.00, to help compensate for the brain force and wear and tear incident to publishing the REPORTER.

Respectfully,

C. W. D.

LIVINGSTON, WIS., July 16, 1887.

F. E. CRUTTENDEN, M. D., DES MOINES, IOWA :

Dear Editor—I received a sample copy of IOWA STATE MEDICAL REPORTER, and like it. Please send me a copy for one year. Enclosed find the necessary \$2.00.

Yours respectfully,

J. S. C.

P. S. I am an Iowa boy—graduated from Medical Department, I. S. U., and am interested in all of Iowa's institutions.

EDITORIAL.

STATE MEDICAL SOCIETY.

At the late meeting of the State Medical Society, held at Sioux City, two movements, among the routine work, are of more importance than a first glance would indicate—the position taken by the Society on the Medical Law, and the proposed amendment to the constitution which, if adopted, makes Des Moines the regular place for holding the Annual Meetings of the Society. The advantages of having a regular place for the meetings of the society, centrally located, is too apparent to need any comment. This action on the Medical Law was negative. As an organized body, representing the profession of the State, it took the dignified position of referring the question to public sentiment. Its action was wise. Had it vigorously championed the law as a body, it would have become a partizan and would have given a weapon to the opposition as strong as its own partizan position is against itself. The only cause of regret is that the State Board of Examiners had the weakness, through their representatives present, to unload and excuse themselves on the ground that the law was defective.

The REPORTER is in debt to the Secretary of the Society for the published report.

THE MEDICAL LAW.

Nearly seven months have passed since the penalties of the law went into effect. To our knowledge the State Board of Examiners have neither prosecuted nor attempted to prosecute a single case in their own name for its violation. The individual members of the profession have brought suit against six or eight parties. The Board assumed the position that it had no executive powers, only judicial; then followed the plea, (and justly so,) that the Board was not financially able to bring prosecutions for the enforcement of the law, passively admitting

that their first position was not well taken; and then the Board came before the medical profession, at the State Medical Society through its members present, and stated 'that they had been legally advised that the law is defective, and that they were doing all they could under it, and that they had accomplished a great deal of good, etc.

The writer learns from the Secretary of the Board that the only legal talent they have consulted is that of Attorney General Baker. That the State Board of Examiners is financially unable to carry the expense of a vigorous and general prosecution of offenders, is true.

The other positions are not only false, but they show that the Board is weak, that it lacks confidence in itself and that it lacks executive force and individual strength necessary for the prosecution of any new law. It has not taken the proper legal advice.

In our criticism we do not question the motives; the personal of the Board is above suspicion and our censure is in a spirit of regret. Its action is very politic, it seems to be trying to please all parties and neither does justice to itself nor to others.

With due respect for the office held by General Baker, we have no respect whatever or confidence in his legal opinion on this subject, and we do not believe intelligent people, or any of the medical profession will have more confidence after satisfying themselves that the following are facts:

First—When the law was being framed for final passage General Baker was consulted by the writer and some changes were made in accordance with his suggestions; with these changes he expressed himself as being satisfied that the bill was in good form. When these changes and the bill came before the committees of both branches, the lawyer members of each were unanimous in condemning some of the changes and the form of the bill upon which General Baker had given his opinion, We did not attribute this to General Baker's ignorance, but to his carelessness and lack of interest.

Second—While General Baker is a good attorney and a good politician, he is by no means the peer of the Iowa bar, and his legal opinion is not as much sought and is not as highly prized as that of many others in the State.

Again, if the Attorney General was as much interested in the execution of all the laws of the State as in the Prohibitory law, and if he

used the same train of reasoning in the interpretations of other laws as in that of the Prohibitory law, when exercising himself in the capacity of legal advisor to the executive of the State, he could not consistently condemn the Medical law as being defective and inoperative before a single decision had been rendered upon the medical law by the Supreme Court of the State. Again, General Baker knows that the courts alone are the judicial bodies of the State and that the Governor is at the head of the Executive power, and the appointive offices under him are executive.

With a knowledge of these facts, why should he advise the State Board of Examiners that they are a judicial body and not an executive body? Why should he advise that the law is defective and that the Board is doing all they can—nothing?

If General Baker had taken the trouble to inquire he would have found that in the States of New York, Illinois, Indiana, Missouri, Minnesota and California, the laws restricting the practice of medicine are constitutional, and that the officers directly connected with such laws have executive powers. He would also have learned had he examined the court decisions upon such laws that all the adverse decisions are upon the interpretation of certain ambiguous or defective clauses limiting their powers, and not upon general powers. He will note by comparison that all the defects in the medical laws of other states, shown by adverse decisions before March 9, 1886, are not to be found in the Iowa Medical Law. He also knows the sweeping powers the courts have given the Prohibitory law for the protection of the people. He also knows the powers the same courts have given the Pharmacy laws for the protection of the people. He also must know, if he chooses to make the comparison, that the general conditions and provisions of the medical laws are similar, and that if it is good law for the one it must be for the other.

We do not know General Baker's reasons, and do not pretend to say what they are, or that he is designedly neglecting his duty, but from appearances we would guess that he is not in sympathy with the law or its execution; that he wishes to avoid it, that he is a candidate for re-election, and that as such it would be bad policy for him to vigorously enforce any law not fully established that might create enemies and lose him votes. We do not wish to be understood as implying that General

Baker is vigorously prosecuting any law except from principle. Unless General Baker shows more positive interest, the friends of the medical law must look upon him as their enemy and a stumbling block in the way of getting the law before the Supreme Court of the State in such a manner as it will be free from prejudice. The friends of the medical law have shown considerable influence in the past, and there is no reason to doubt but that they are capable of exercising that influence again.

The State Board of Examiners deserve censure for their inactivity and for the lack of policy they have shown, and especially for the manner in which they presented excuses to the State Medical Society. It is probably better to be plain. We think that the acknowledgment of inability to enforce a law, or to attempt to enforce it, the powers of which there is no positive knowledge and of which there can be none until the Supreme Court of the State has defined them is an act of cowardice and one that shows weakness in the one making the acknowledgment. Those who compose the State Board of Examiners are all of them men of ability and capable of realizing the situation at the first thought. Consulting with Attorney General Baker was the proper thing; to stop there was wrong; they should have consulted with one or two attorneys who have a State reputation as attorneys, and who can have no possible interest in giving an opinion other than serving their clients, and their own reputation as attorneys by judicious advice based upon a careful and thorough examination.

In face of these cases we have been asked by a number—what should be done under the circumstances?

We have already given under "Christian Scientists," an editorial, the proper position (in our opinion) the medical profession should take. From this position all action of the profession must be free from prejudice on their part, and it should be politic for reasons known to the thoughtful. The trial of women for even the most hideous crimes, excites prejudice and sympathy in her favor.

It is unfortunate that the Post case was brought to trial. No one is especially to be blamed, it is the result of inactivity. It is unnecessary to carry two cases to the Supreme Court to decide the same question. The Post case should be held but it is better to follow the Mosher case to the end.

If the law is constitutional and effective, as the writer fully believes it to be, every one should know it, and if it is wrong and unconstitutional the sooner it is wiped off the statutes the better. Both the friends and enemies of the law should be anxious to have it carried to the Supreme Court as soon as possible, and neither should offer obstructions to the effort, provided each is honest in the expression of his convictions.

The State Board of Examiners cannot, in justice to themselves, to the State and to the people, permit this case to drop. They must give it their united support. They must select the best legal talent and thoroughly and vigorously carry it forward to a final hearing. There is no alternative, and there is no valid excuse. Anything short of this is criminal negligence.

If the law is unconstitutional it brands a class who are innocent, as criminal. If it is constitutional, and not enforced, it permits a class of criminals to go unpunished. They are morally and legally bound to see this through. The medical profession demand it, the people demand it, both the friends and enemies of the law, and justice demand it. Expense is the only excuse they can offer. If this is the reason let them come out and say so, and drop the other excuses.

ADVERTISING.

The following clipping was taken from the *Dubuque Daily Telegraph*:

**"A CONSUMPTION CURE—THE BERGEN TREATMENT
ADOPTED BY DRS. HAMILTON, STAPLES,
AND FOWLER."**

"A physician of France named Bergeon last year announced a new mode of treating consumption which has since received much attention from the medical fraternity and the press throughout the civilized world. Dr. Hamilton, of this city, adopted it about three months ago, Drs. Fowler and Staples are now using it, and the other physicians of the city are awaiting with deep interest the result of their observations.

It is considered settled that the cause of consumption is the attacking of the lungs by minute animals called microbes, which are visible under the microscope. The Bergeon idea, as interpreted by some, is to kill these

microbes by rectal injections of a gas called hydrogen sulphide. Dr. Hamilton does not take this view. He says it has been proven that a microbe will live in hydrogen sulphide. Furthermore, he says, they are in the air we breathe, and in the water we drink, and in every human system, acting as natural scavengers, just as the fly performs that office in a house. They remove impurities from the system, and are therefore useful. A consumptive expectorates and the purient expectorations poison the system. Dr. Hamilton uses the hydrogen sulphide as an antiseptic, and employs carbonic acid gas, a stronger antiseptic, to prevent the decay of the lungs and other parts of the system resulting from the purulent expectorations. The patient is given the gases both by inhalations and rectal injections until so full of it that he swells and belches it. For three months Dr. Hamilton has treated by this method Conductor Lapham, of the fifth street hill elevator, formerly first baseman of the Dubuques. He has grown from a skeleton to a man of good flesh and strength, and promises soon to be entirely well. The treatment is not considered a certain cure, as in some cases it would have no effect whatever. The patient must not be so far gone that the nutritive process of the lungs is destroyed."—*Dubuque Daily Telegraph*.

This is pure unadulterated advertising. There is nothing in the article to indicate that Drs. Fowler and Staples are guilty, and in the absence of it, we should exonerate them. They are in bad company and should see to it that a repetition does not take place. The medical fraternity of Dubuque should submit Dr. Hamilton to the same kind of a trial that the Polk County Medical Society gave to Dr. C. T. Clark. Should the society fail to take this action such neglect will reflect upon the individual members of the Dubuque Medical Society.

The object of publishing this is to hold up to the medical profession of Iowa Dr. Hamilton as one who has grossly violated that clause in the code which prohibits advertising, in order that the example may deter others.

Stronger comment is suppressed because there is a possibility that Dr. Hamilton is an injured party. If so, our columns are open for correction.

*
* *

The following extracts sent to us, we publish for the benefit of the State Board of Examiners:

COMPOUND VAPOR BATHS.

"I will give a course of Compound Vapor Baths, of twelve treatments on conditions that if the patient is not benefited by them money will be returned.

J. M. BECKER.

Rooms in *Express-Republican* block, south of the park, Mason City, Iowa.

Dr. R. O. LeBarron, magnetic physician, Mason City, Iowa. Office, on Sixth street, opposite Opera House. Special attention given to all classes of chronic diseases. Consultation free."

STATE OF IOWA, }
 vs. } *McGregor, Iowa.*
 CHARLOTT POST. }

DR. H. H. CLARK,
 McGregor, Iowa.

Dear Sir:—At the late term of the District Court, at Elkader, Hon. L. O. Hatch, presiding, Counsel for the defendant, in the above named case, entered a plea of guilty, and thereupon filed a motion in arrest of judgment alleging the insufficiency of the information and also that the acts of the Legislature was unconstitutional. The court sustained the motion on both grounds and discharged the defendant, but before judgment, the State tendered and offered to file an amendment to the information for the purpose of meeting all objections to the information, the Court refused leave to file the amendment, and afterwards refused leave to file any amendment whatever. Proper exceptions were taken by the State to all rulings of the Court. It was admitted by the Court that no authority was conferred by statute to file a motion in arrest of judgment after a plea of guilty in such a case. It was also admitted by the Court that it had the discretion to allow an amendment to the information, but an appeal by the State for the exercise of that discretion by giving leave to the State to file an amendment, met with a cool rebuff.

It was insisted by the State, *first*, that the Information was good at least under the plea of guilty. *Second*, that as the cause had been twice tried in Justice Court with a jury without objection to the Information, and a plea of guilty entered in District Court, it was manifestly unjust

to allow a motion in arrest, and, *third*, that if the information was informal it was unjust to refuse leave to amend it, especially as the Supreme Court had decided that such Informations were amendable, but to no purpose. The Court was evidently fixed in purpose to discharge the defendant.

We believe the Supreme Court will settle the law of the case against the rulings of the District Court, but of course the defendant will stand discharged. We think the case should be submitted to the Supreme Court, not for the purpose of punishing the lady defendant, but for the purpose of settling the question whether the State has any rights under the law in question in the *Nisi Prius* courts that may be opposed to its enforcement.

We attach a copy of the original Information upon which the defendant had been convicted at the end of a second jury trial, and to which she pleaded guilty on appeal in the District Court.

Very Truly Yours,

NOBLE & UPDEGRAFF.

STATE OF IOWA, CLAYTON COUNTY, SS.

STATE OF IOWA	}	<i>Justice Court, before Isaac Mathews, Justice of the Peace.</i>
v.		
MRS. CHARLOTTE POST.		

The defendant is accused of the crime of misdemeanor, for that the defendant at the County of Clayton, and State of Iowa, on the fifth day of February, 1887, did committ the crime of practicing medicine without having complied with the provisions of Chapter 104 Laws of Twenty-first General Assembly, Laws of Iowa, and did then and there perform the act of healing upon one Mrs. Geo. B. Freeman, and others then and there, being contrary to the statutes in such cases made and provided, and against the peace and dignity of the State of Iowa.

ROBERT QUIGLEY.

Subscribed and sworn to before me this Twenty-second day of February, A. D. 1887.

ISAAC MATHEWS,

Justice of the Peace.

STATE OF IOWA	}	SS.
vs.		
SIDNEY MOSHER.		

This cause recently tried before a Justice Court at Cherokee, Iowa, was for the violation of the State Medical Law. Mosher had applied to

the State Board of Medical Examiners for a certificate to practice medicine. The State Board of Examiners in the exercise of their duty, rejected his application. Mosher continued to practice without said certificate. His method being that of a traveling doctor, billing and advertising towns ahead of him. He has been working in the north-western part of the State. He was arrested on an information and the trial took place at Cherokee. The defense admitted that Mosher had no certificate and that he had been practicing medicine in Iowa since January 1, 1887. The defense set forth the plea that the law was unconstitutional. The case was argued without a jury. The court held that its jurisdiction did not extend to the constitutionalities of the law, but that it was for the court to determine whether or no defendant had committed an offense—whether or no he had a certificate from the State Board of Examiners, and whether or no he had been practicing medicine in the State of Iowa since January 1, 1887. It being shown that he had so practiced and without said certificate, the court fined Mosher \$50 and costs. The case will probably be appealed by defendant.

PHYSICIANS AND DENTISTS LIFE INSURANCE ASSOCIATION—Incomparably the most practicable, economical, and safest plan ever offered. *Chief features.* 1st—Not a dollar of the Benefit Fund goes into the hands of the Association; A National Bank is made Trustee, in which the members deposit direct. 2d—An *Individual Surplus Fund* for the protection of *each separate policy*. 3d—A *Special Guarantee Fund* to protect, solidify and make permanent the organization. Correspondence and investigation invited. *Special inducements to all applicants.*

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Royal Insurance Building, Chicago, Ill.

The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

DES MOINES, IOWA, JULY, 1887.

NO 10.

ORIGINAL ARTICLES.

SUMMER DIARRHŒA OF CHILDREN.

BY H. E. W. BARNES, M. D., MACKSBURGH, IOWA.

[Read Before the Madison County Medical Society, July 14, 1887.]

That diarrhœa and diarrhœal disorders, together with the train of evils that precede the onset of this flux from the alimentary canal and the serious disease following in its wake, in remote organs of the body, form one of the great outlets of human life, is a sad fact familiar to us all. From birth to five years of age, when the "struggle for existence" is at the maximum, we must stand as members of a life saving station, ready at the proper moment to throw a life line over the tiny craft pounding in pieces on the breakers, and be active rescuers from death or mute spectators while "The billows roar a Sunken Ship." It is a duty we owe humanity as well as ourselves that we thoroughly and carefully consider this malady and have at our command the very best advice to give when the emergency arises.

Diarrhœa as it occurs in young children is usually but not scientifically named Cholera Infantum. That this disease is rarely seen outside large cities is known and in them by no means as common as mortuary reports would lead us to believe is the evidence of our best observers. That the term "Enterocolitis," perhaps, best expresses the morbid condition and only when the subject is young, the lesion grave, and its course rapid,

are we justified in the classification of "Cholera Infantum." This term implies an inflammation of some portion of the intestinal mucous membrane. West says the anatomical changes are found "chiefly, though not exclusively, in the colon" and disease of the small intestine, "Secondary and Subsidiary to Colitis," J. Lewis Smith found in eighty-one autopsies, with only a single exception, "lesions indicating inflammation of the mucous membrane of the colon," and "in a large proportion of cases ileitis also.

Bouchet discovered constant change in the large intestine and maintains that the "mucous membrane of the small intestine is the constituent part of this organ, which participates in the changes of Enterocolitis and this is true "in nearly all the subjects," Meigs & Pepper "invariably found," in numerous autopsies, "inflammation of the colon," in some cases limited to it, in others extending to the small intestines and maintain that it is clearly established that inflammation is more frequent in the large than in the small intestines. Yet with all this evidence the autopsy may fail to show any inflammatory lesion appreciable to the naked eye, for in 127 autopsies, made by Rilliet & Barthez, of children who had died of intestinal disease, they discovered the characteristic appearance of Enterocolitis; in eighty-four cases which had presented the symptoms of that disease. "In twenty-four, though no symptoms had existed during life, similar changes were discovered." In nineteen the signs of disease were present during life but its morbid appearances were absent.

West, Bouchet and Smith have occasionally failed to discover any morbid lesion; M. Bartin in fifty-seven autopsies failed in four to recognize any lesion. M. Ballard is of the opinion that children at the breast may have diarrhoea without a trace of inflammation, the logical deduction from this evidence would seem to be that the difference is one of degree and not of kind, and that in the cases where no lesion is discovered, the patient has been overwhelmed by the disease, that has expended its force on the nervous system before passing to the stage of structural lesion of the intestines. It would then appear that the evidence demonstrates a hyperæmia and subsequent inflammations, that it is usually located in the colon, indeed it would seem that the normal anatomical structure of the mucous membrane of the intestines favor hyperæmia, for Rindfleisch

says "the relation in which the contractions of the intestinal muscular coat stand to the distribution of blood in the covering mucous membrane appear to be of peculiar interest.

As is known the trunks of the arteries and veins, which supply the blood to the vascular nets of the gastric and intestinal membrane pass through the muscular coat in an *oblique direction*, they are there surrounded by a sheath of live connective tissue, which is tolerably strong in the arteries, so that there remains a wide space between the vessel and muscular bundles; in the veins, on the contrary, very insignificant, so that the lumina of the veins are easily compressed by a contraction of the muscular coat. In consequence of this arrangement, with every contraction of the intestinal muscular coat, an obstacle occurs to the return of the blood from the intestinal mucous membrane, there takes place an increased congestion of blood, which continues as long as the contraction lasts and may assume a more permanent character by the more frequent repetition of the contractions. * * * * *

Dysentery and cholera present us with examples on the largest scale of the injurious effects of this mechanism, the enormous ædema of the mucous membrane of the colon, the hemorrhages, secondarily diphtheritic disturbance in the former also develop under the influence of very severe tonic contractions of the muscular coat, and if we accept that in cholera also, an enormously increased peristaltis contributes its share to the immense transudation on the part of the gastro-intestinal mucous membrane, we have established only a casual connection between two known phenomena of this disease. Meanwhile we need not turn to dysentery and cholera, what occurs there upon a large scale is repeated upon a lesser in the slightest catarrh."

Accepting the views of Rindfleisch as correct, we find other changes occurring simultaneously with these morbid phenomena in the intestines, in other organs K. Jellberg states that in 143 cases of fatal intestinal catarrh he has found kidney disease in sixty-seven. In commenting on this McNutt says, "these figures are calculated to excite apprehension of kidney trouble in cases of intestinal catarrh, especially when cerebral symptoms appear, the latter being commonly considered to be due to the reflected irritation from the canal, or to the exhaustion from the diarrhœa, as in spurious hydrocephalus. It is known that normally the proportion of solids in a child's urine is double that in adults, and in intestinal catarrh

the urine is still more concentrated, on account of the watery drain through the bowel. It is possible that this concentrated urine may, in itself be sufficiently irritating to cause nephritis."

With this necessarily brief allusion to known pathological occurrences produced by Entero-Colitis, we must now notice the causes that enter as active factors into its production, and these vary with the age. The greater number of cases occur the second and third summers and especially during dentition and periods of excessive high temperature. In New York City not less than 3,000 infants die every year from diarrhoea during the three months beginning the middle of June and ending the middle of September. The causes may be generally divided into *atmospheric* and *dietetic*. I am aware that with many observers dentition is relegated to the rear as a cause, but I am of the opinion that it is an important factor combined with the causes just enumerated in producing diarrhoea in summer, the question is raised, "If it is a cause why is it not active in the season of continued low temperature?" Of itself I do not hold that it will produce Entero-Colitis, but believe it adds an irritation to the nervous system that plus a high temperature, and imperfect dietary provokes an attack, but of all factors, the diet is the most important and here the great field opens to our view, the Golgotha, where Herods of ignorance, mismanagement, poverty and vice hold high carnival. Heartless mothers who sacrifice their infants under the Jaugernaut of fashion, refusing them the nourishment provided by the Creator. It would seem that with a long train of causes beyond the reach of physicians, going on through the endless procession of the ages, to be a pathetic fact that, "Man that is born of a woman is of few days and full of trouble, he cometh forth as a flower and is cut down." In cities philanthropists are at work tearing down the rookeries erected by shylocks, enlarging parks, giving fresh air excursions and doing their utmost to arrest "the slaughter of the innocents."

By this imperfect dietary in the child we find, instead of digestion, chemical changes of a putrefactive character, occurring in the stomach and entire intestinal tract; the contents swarming with micro-organisms, increased paristaltis, vomiting, high temperature. We observe all forms from a few loose stools in a day, to violent type of cholera infantum. I shall not dwell on the clinical aspects of a disease familiar to you all

but will proceed to briefly discuss the treatment, and it would seem that not what should be but what can be done is the problem in the majority of cases. The fever, when present in a marked degree, is always a dangerous symptom, especially in young subjects. I believe we have no better remedy to combat the fever than with water. "We can regulate its temperature, it is safe, sure, scientific, speedy, always at hand, its action under perfect control and can be stopped or modified at any moment." It relieves the irritability of the nervous system, it supplies through the skin the water that has been lost through the intestines and thus relieves the heart. It causes derivation to the skin which can be intensified by the addition of rubefacients, this again relieves the heart and intestinal organs by restoring the equilibrium of the circulation. The pack is preferable to the bath. As has been shown by pathologists the seat of the disease is located usually in the colon, flushing out the entire length of the colon with warm water, rendered alkaline by the addition of bi. carb. of soda, serves the double purpose by absorption; it relieves the excessive thirst by increasing the fluidity of the blood; it washes away the putractive debris and is a grateful bath to the congested mucous membrane, suffering hyperæmia from increased peristaltis.

This peristaltis must be checked and to do this we have as yet no better agent than opium, there is a prejudice against it by many, but nothing so effectually checks this intense action of the bowels, if there is vomiting give it by enema after flushing out the bowel. Alkalies should be used, chalk mixture, elixir Rhei et magnesia, the Tr. Opi. camphorata when opium is given per orum, in cases where vomiting is persistent I would omit everything but small doses of Hyd. Chl. Mite, 1-16 to 1-20 triturated with sugar of milk, every two or three hours. I think in all cases the constant use of the spice poultice to the epigastrium is beneficial. In bottle fed babies the use of Dr. Smith's method of preparing flour, mixing it with the boiled water that is used to dilute the milk, is very beneficial, *i. e.*, take eight or ten pounds of flour, place in sack and boil seven or eight days, and use two teaspoonsful for each bottle of milk and water. I want here to enter a protest against the indiscriminate use of Sub. Nit. of bismuth, we have seen that in a great number of cases nephritis exists as a complication. Bismuth has produced nephritis in the lower animals, and is believed to be eliminated by the kid-

neys. With the kidneys, in many cases, already overburdened, the Sub. Nit. of bismuth exhibited in large doses, as is the habit of many, I believe only adds fire to the flames. I believe we should select our cases and that it is far from the harmless remedy that many think it. Lacto peptine I have used with benefit. I am aware that Prof. Henoch, of Berlin, does not scarify the gums in these cases, but I think the experience of most physicians will approve the practice of it.

The benzoate of soda, antipyrine, sulphs-carbolate of zinc, are all new claimants for our favor and by clinical tests made by competent observers will soon be assigned their proper rank in the materia medica.

“MECHANICO-THERAPY” IN HIP AND OTHER ALLIED JOINT DISEASES, WITH SERIES OF ORIGINAL INSTRUMENTS.

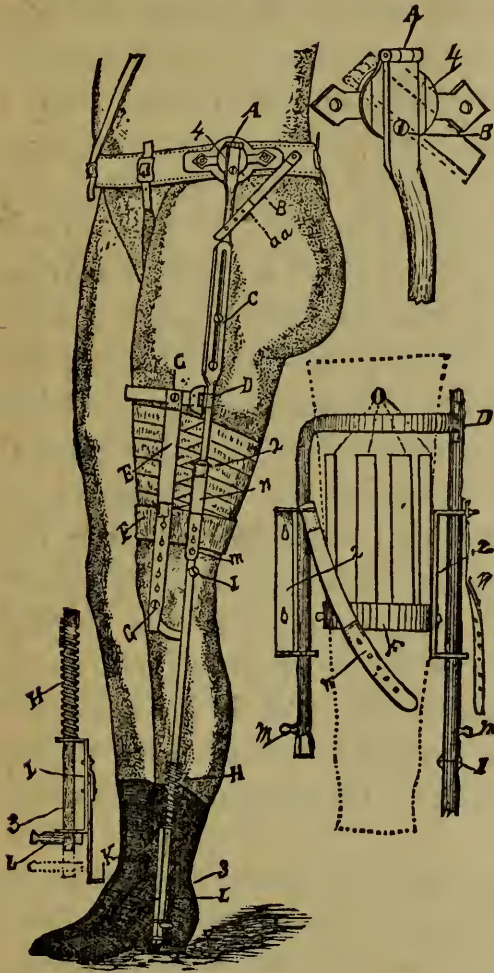
BY A. J. CRAWFORD, M. D., DES MOINES, IOWA.

[Continued from page 287.]

I have endeavored to prove in the preceding article upon this subject, that in the mechanical treatment of chronic joint diseases, instruments for all the normal joint movements are indicated by every feature in the clinical study of joint troubles. Also the importance of extension being recognized. Elastic linear traction should be supplemented as most nearly substituting manual traction. We have also cited the fact, that no adequate reason has yet been given by any one to support the “fixation method” of treatment, which we believe, after a careful clinical analysis, is not only contra-indicated, but in many cases is harmful.

It might be suggested that there is no demand for the further introduction of new orthopædic instruments. My reply to this is that so long as surgical instruments are not protected by patents, and the inventors not recipients of royalties, the profession should certainly do no less than to encourage all efforts, foster all the ingenuity and extend their

cordial support to those engaged in original research in the field of mechanical surgery as far as possible.



The accompanying cut represents my "Combined Long and Short Elastic Tension Hip Splint." My aim has been to construct it in such a manner that it would embody all the features requisite to the thorough and scientific mechanical treatment of hip disease, throughout its different stages.

The long splint, as represented in the cut, is built in four segments. The pelvic, thigh, leg and foot respectively. The pelvic segment consists of a steel belt covered with leather and thoroughly upholstered, encircling the body a short distance below the crest of the ilium. It is supplied with two peroneal straps; also with a strap passing over the shoulder diagonally, which, with proper adjustment, retains the pelvic segment in position. The femoral segment is attached to the pelvic portion by a platform joint, as represented by figure 4

in the cut, which provides for easy flexion and extension; the pivotal point being in the center of the circular plate. Provision is made for abduction and adduction by a hinge joint at the upper margin of plate at A, which admits of free movements at any degree of flexion or extension.

It is also provided with an abduction screw placed in the shaft at B, by which any amount of forcible abduction can be secured. This joint is essentially the same as the Reynder platform joint in the Sayer instrument. Flexion of the thigh upon the body not infrequently exists as a condition in hip disease. To meet this condition, I have provided an elastic strap at A A, which, with the proper tension, will antagonize and gradually overcome a limited amount of contraction of the flexor muscles of

the thigh, without materially interfering with the joint movements of the instrument. The slide with set screws at c, simply provides for adjusting the length of the shaft, that the pelvic segment and the knee joint may have their proper relative position, but does not enter into the mechanism of extension proper. The instrument is provided with a joint corresponding to the knee and ankle. The foot segment is attached firmly to the sole of the shoe, and provides for flexion, extension and rotation of the foot, as represented in sectional cut No. 3. Flexion and extension taking place at i, and rotation by the foot segment revolving on the shaft or leg segment. (The same provision for rotation is made at the extension attachment on the femoral segment and with the hinge at d, any degree of voluntary rotation by the main shaft upon the entire limb may be secured.) The foot segment can be instantly detached from the shaft by simply changing the short cross bar at the point l, in sectional cut, (which is provided with a joint), to a line of axis. The spiral at h, is applied with a view to lessen, or destroy the force of impact in locomotion, which would otherwise be transmitted to the diseased structures. It is so constructed that any degree of resistance can be secured, at the same time the continuity of the shaft is preserved as a support to the diseased limb. For the principal and purposes of this spiral, I will credit Prof. Newton M. Shaffer. Its construction, however, differs materially.

Every long hip splint has in its construction at least two mechanical principles to present. Extension and support to the affected limb. This instrument, as far as described, is virtually a peroneal crutch, relieving the diseased limb of a portion or the entire weight of the body during locomotion. From the point g, a short distance below the knee, to g, above on the transverse arm piece on the femoral segment, is attached a strong elastic strap, which is designed to supplement the quadriceps extensor muscles and assist their action.

Extension. At the joint we have the femur in opposition with the pelvic bony structures. Now in order to secure extension and counter-extension at this particular articulation and have it continuous (not intermittent) while the patient is walking, is to take the point of so-called counter-extension at the peroneum and the point of extension along the line of the femur not involving the knee or ankle joint. To lock up the

knee joint and interfere with the function of a healthy joint, we believe, is bad surgery. And any instruments which do not provide for the natural movements and the preservation of healthy contiguous joints are necessarily faulty.

Any femur is long enough to enable the surgeon to thoroughly secure a collar upon it near the knee and sufficiently strong to maintain all the extension that any patient is able to tolerate.

With a view to carry out all the above features and conditions named. Extension is taken up at a point above the knee, from the femoral segment. A metallic collar, at point *F*, is neatly adjusted to the femur by means of strong strips of surgical plaster attached to the collar and carried up the thigh as far as possible, and should entirely encircle the limb longitudinally, as indicated by *O*, in the sectional cut. After which they are secured firmly by a roller bandage. The points for extension and counter-extension being now provided for, the mechanism is accomplished by two steel-plate slides, (at figure 2, in the sectional cut), which move up and down, one upon the main shaft of the femoral segment and the other upon a short side bar which is attached by a hinge to the femoral segment at *D*, and swings over to any desired point on the opposite side; (which is best illustrated in sectional cut). These slides not only move up and down but revolve upon their respective side bars, and can be readily attached through slot openings to a strong pin in each side of the collar *F*. At the top of each slide a strong firm piece of elastic, with leather tabs, is attached and both are sufficiently long to reach corresponding pins at the point *M*, in the side bars below.

This completes the mechanism by which continuous elastic linear traction is accomplished.

(In a former article I have given Prof. Roberts, of New York, credit for first applying elastic tension in the treatment of hip disease).

The two points for extension being now perfected, the *tractile force* is produced by forcing the slides down (bringing the femur with it) on the side bars, and retaining them by attaching the lower portion of the elastic straps to the pins at *M*, on the side bars. Articular pressure is thus removed by forcing the collar with its appendages downward by the slides, and drawing the side bars upward from the point *M*, which meet with a point of resistance at the peroneum. A tractile force which is

elastic and *resilient*. If rigid extension should be desired for any reason, simply substitute rigid straps for the elastic ones. When a short splint is desired detach the leg segment at the knee, and *vice versa*, without any change in the attachments above in the least.

To recapitulate, the principle features claimed for this splint:

1. It combines two instruments in one; (a long and a short splint).
2. As a peroneal crutch it furnishes any degree of *resilient* support to the diseased limb desired.
3. The force of impact in locomotion is modified, without abolishing the "foot sense." (This provision aids also in securing a greater degree of continuous extension.)
4. The extension feature being adjusted independantly to the bony structures involved, the greatest degree of intra-articular pressure and friction is thereby prevented.
5. It permits of all articular movements when desired, and does not interfere with the performance of the functions of healthy joints.
6. Elastic linear traction (not rigid) is used. A quality of force applied to the diseased areas which is resilient and continuous, by virtue of which it controls reflex muscular spasm to a greater degree than an rigid appliance can do.
7. It is easily applied and worn.

MEDICINE AMONG THE ANCIENT EGYPTIANS.

BY J. M. BALL, JR., M. D., WATERLOO, IOWA.

DEAR READER:—Have you ever in your visit to Egypt, to the ruins of ancient temples and palaces, taken a boat ride up the Nile where stand the pillars of Karnack and Thebes? If so, you doubtless have seen the the pyramids looking down on your wondering faces and frail craft with a grandeur which neither the wear of time, nor comparison with the finest works of modern art, has ever dimmed. On the contrary, so well preserved is every constituent part, so admirable in arrangement, so extensive in volume, so rich in memorials of a race remarkable not alone for constructive genius but also for traditional civilization and breadth of culture, that the pyramids stand to-day, as they have for thousands of years, the most magnificent specimens of human architecture. Rugged in outline; massive in structure; adorned with pictorial representations of battles and sieges; with engraved images of warriors, and here and there a green plant to remind one of the existence of man; they are the monuments of a race whose epoch is celebrated in history for skill in executing grand pieces of sculpture, and for that poetical richness which is everywhere displayed in Egyptian civilization.

Have these relics ever caused you to think of the antiquity of the healing art?

In no land can the records of a civilized condition, and a cultivation of learning, be traced so far back as in Egypt. In that country there are still in existence evidences of ancient art whose antiquity disappears in the mists of the morning of the world. The sacred traditions of the Hebrews, the oldest historical evidence which we possess, present us with an advanced degree of culture in Egypt, where all known peoples of that time were leading a simple nomadic life. If we accord the first place in this history* to Egyptian medicine, it is not without reason; for it seems to merit this honor, not only because its antiquity is based on monuments

*The present article is a chapter from a forthcoming work on the History of Medicine.
J. M. B.

the most authentic, but because this land was the source whence the Greeks drew the first elements of science. In this respect Egypt may justly be named the instructress of the human race.

It is foreign to my purpose to inquire whether civilization could have existed previously in any other country. It will suffice to call attention to the remarkable fact that civilization arose first in rainless countries, and at several parts of the earth's surface each far remote from the others; and there are reasons for this. In Egypt, for example, the harvests can be foretold; and the husbandman knows in the springtime how much of the earth's produce will be in his granaries in the fall; the Nile, the great life-giving artery of Egypt, beats but once a year! It was owing to the fact that in Egypt, Peru and Mexico the agriculturist is not at the mercy of the elements that civilization originated in those countries. Here the men of antiquity were enabled to live unmolested and almost without toil. The untutored barbarian would never, of his own free will, have chosen the condition of civilized life; for the commencement of civilization is the beginning of the death of freedom, which to the savage mind, is the highest state of bliss. Hunger and thirst, necessity and compulsion, lead him to change his mode of existence.

It is in the writings of Moses, which—so far as they relate to medicine—must be regarded as a detached fragment of Egyptian science, that we find the first reference to physicians. In Genesis, chapter L, verse 2, we read: "Joseph commanded his servants, the physicians, to embalm Israel." Thus for the origin of medical science we are indebted to Egypt—that profound and universal school of the ancient world. Two thousand years before the birth of Christ physicians practiced their art in the land of the Egyptians! Who can tell through how many centuries the art of healing passed before it attained that degree of progress which is recorded in Holy Writ? The most laborious researches, the profound study of *savants* versed in ancient lore, teach us nothing; even the science of Champollion is mute upon this question. The medical knowledge of the ancient Egyptians was famous in the days of Moses and their physicians are celebrated in his history. The aliment and ablutions—so congenial to the health of an eastern clime—enforced in the observance of Israel, and recorded in the Mosaic writings, have been ascribed to his knowledge of the Egyptian science of medicine by those who have denied

to him the high prerogative of having acted under the direction of the Almighty.

Many centuries before the birth of Christ there lived in Egypt two persons who promoted the cultivation of this land, taught the people the means of curing disease, and instructed them in astrology. They were called Osiris and Isis. The worship of these personages, as well as that of their son Horus, extends to the remotest antiquity; and the power to cure diseases was considered by the Egyptians to be possessed by them. In ancient times wonderful stories were told of the extensive journeys which Osiris, the king and high priest of the Egyptians, undertook for the benefit of his subjects. To Isis, the sister and wife of Osiris, wonderful medical powers were attributed. Many diseases were regarded as the effects of her anger; she also discovered many remedies, and even as late as the time of Galen the materia medica contained several compounds which bore her name. Her miraculous power was well shown when she restored to life her son Horus after he had been killed by the Titans. After her death she was worshipped as the moon, which to the Egyptians was a symbol full as potent as the sun—the representative of Osiris. As the sun received a different name from the ancient Egyptians so with the moon which was called Joh—whence comes the Jo of the Argives; but finally it was called Isis. In the Egyptian cosmogony, Osiris was the father, and Isis the mother, of all sublunary things. From the father proceeded simply the life-giving spirit, but the mother furnished the material from which the universe was created. On this account Isis was called Nature, the queen of the earth. The Greeks regarded her as similiar to their goddess Hygeia. The rise and fall of the tides, corresponding to changes in the moon, were attributed by the Egyptians to the influence of Isis. She also was credited with causing madness and melancholia; somnambulism and ophthalmia were due to the jealousy of Isis. Yearly a feast was held in remembrance of the great benefits which she had conferred upon mankind. This feast (*cultus Isiacus*) lasted ten days and consisted in a general purification of the body. The priests, bearing all kinds of grain, formed a procession symbolic of the introduction of agriculture. In the temples of Isis burnt offerings, instituted for the preservation of health, were made thrice a day. In the morning resin was used; at mid-day, myrrh; while at night

they burned kyph, a substance composed of sixteen ingredients compounded in a mysterious manner.

One of the most powerful of the medical deities of the ancient Egyptians was Thoth, or Taaud, King of Egypt of the second dynasty of Manetho. He was regarded as the inventor of medicine and the father of all physicians. Jablonsky derived his name from *Thovodh*, a column, because all his knowledge was engraved, as was the custom in ancient times, upon columns. This personage is identical with the Hermes of the Greeks and the Mercurius of the Latins. To him has been attributed a mass of superhuman learning which would have been most wonderful if it had been true. It is generally stated that he taught the Egyptians the use of writing; invented arithmetic, geometry, astronomy, music and medicine; gave laws to the people, and directed their religious observances. Thus he must have appeared as one of the greatest benefactors of the nation, next to Osiris and Isis, whose cotemporary he was. It is stated by some ancient historians that Pythagoras and Plato derived much of their knowledge from the columns of Thoth. When it was ascertained that papyrus could be manufactured from the rush, all traditionary lore, comprising most of the learning of the time, was written down and preserved for use. This collection went by the name of *Embre* or *Scientia Causalitatis*. In the time of Iamblicus, who lived in the fourth century A. D., the priests of Egypt possessed forty-two books, the authorship of which was attributed to Hermes. Thirty-six of these contained the history of human wisdom; while the remaining six treated of the practice of medicine. The latter were upon the following subjects: anatomy, internal diseases, instruments, remedies, diseases of the eyes, and diseases of women.

Such are the statements which we are asked to believe regarding the medical knowledge of the ancient Egyptian priesthood. These works are sometimes called the six Hermetical books. The antiquity of this collection has justly been called in question. It is impossible to believe that at this remote period, so elaborate and comprehensive a system of medical treatises should have existed. The *Hippocratic Collection*, given to the world a thousand years later, does not present so complete and methodic an arrangement. And so the physicians of ancient Egypt possessed a treatise upon anatomy! This is not a little remarkable when we

recollect that the priest-physicians of Cos were familiar only with osteology. Nor are these the only objections. Ancient writers are not agreed among themselves in regard to the number of volumes in the Hermetic collection. Manetho placed the number at 30,000; while other writers give as many as 36,000. Galen endeavored to reconcile these incredible assertions by observing that we should read books or dissertations, in place of books or volumes. It is but reasonable to suppose that the books of Hermes were written by a member of the Alexandrian school of medicine about the period when the city was founded, for it was at this time that anatomical researches and medical philosophy were first placed upon a solid foundation in Egypt.

After the Egyptians became acquainted with the Greeks, during the reign of Psammetichus, B. C. 640, they adopted the medical deities of the latter. From this period we can date the origin of an Egyptian Æsculapius, whom they named Smin, Tosarthrus, or Serapis. That the Æsculapius of the Greeks was worshipped at Memphis is expressly stated by several ancient writers.

From the earliest times the Egyptian nation was divided into six orders—princes, priests, soldiers, shepherds, laborers and artisans. The priests were the richest, the most powerful and the only learned body of the country. To that order belonged all the physicians, rulers and scientists of Egypt. While the vulgar prostrated themselves before rude images, emblems of the attributes of divinity or of the wonders of creation, the learned classes recognized the existence of an invisible and eternal deity. From the one great God grew a host of lesser ones, regarded by the priests as only His attributes, but by the people as distinct and separate divinities. Thus they worshipped the Nile, the source of the country's fertility; and the sun, whose mysterious disappearance each night and return the next morning were to them events full of symbolic meaning. There were three orders of gods and of these Osiris, Isis and Horus formed the principal triad.

As early as the second dynasty certain animals were regarded as emblems of the gods. The bull, Apis, whose temple was at Memphis, was supposed to be inhabited by Osiris himself. Each animal had its keepers, both men and women, from the people of Egypt; and this honorable position descended from parent to child. The people cut the hair from

the heads of their children, sometimes all, sometimes a third or a half, and weighed it by placing an equal weight of silver on the opposite scale; and whatever it came to, that amount was given to the priests. If any person killed one of the sacred animals intentionally, he suffered death; but if by accident, he was obliged to pay a fine which the priest imposed upon him. When, in any habitation, a cat died a natural death, all in that house cut off their eye-brows; and when a dog died, they shaved their entire bodies. The dead cats were brought to the temples and embalmed. The sacred hawks and mice were interred at Buto, and the Ibis at Hermopolis. The bears and foxes were buried wherever they chanced to be found. Some of the Egyptians, notably those around Thebes and Lake Moeris, considered the crocodile sacred; while in other localities they were regarded as pests. By the former class it was customary to select one crocodile and feed him apart from the others; he was tamed so that he could be handled with impunity; ornaments of crystal and gold were suspended from his ears; bracelets were made to encircle his feet; and as long as he lived he was considered most sacred. After death he was embalmed.

The Egyptians believed that the soul is immortal and that it does not leave the body if the latter be preserved; but if the body be decomposed; then the soul passes through the bodies of animals for many centuries before finding rest in Osiris. Hence the practice of embalming the body to preserve the soul. It has commonly been supposed that the practice of embalming, which goes back to a time far beyond the records of history, was well calculated to familiarize the Egyptians with the details of anatomical structure. If, however, we carefully inquire into the manner in which this operation was performed, we will be led to believe that the process was entirely of too rude a nature to admit of advancing the study of anatomy.

The method of embalming, and the ceremonies attending the preparation of a corpse for burial, have been described by Herodotus.* As soon as an Egyptian had died the embalmers, who were physicians by profession, repaired to the house of his relatives and exhibited to them different coffins of painted wood of the size and shape of a mummy. The

*Herodotus: Bk. II, c. 86, et seq.

first grade were of exquisite workmanship, the second less costly, and the third still less expensive. The operation was performed in the following manner: the brain was first broken up and removed by means of an iron hook passed through the nose; and the skull was filled with spices and aromatics. The abdomen was then opened by a hireling or *paraschistes*, who hastily withdrew from fear of death, so great was the abhorrence of the Egyptians for anyone who dared to mutilate a human body. The intestines were removed, washed with palm wine, and impregnated with astringents. The body was then anointed with the oils of cedar, myrrh, cinnamon and cassia. This process lasted thirty days and at the end of that time the body was placed, for forty days, in a solution of saltpeter, after which it was wrapped in bandages of linen smeared with gum. Being then able to resist putrefaction, it was delivered to the relatives. The first method of embalming cost a talent of silver; and the second, twenty minae.

Every Egyptian, from the sovereign down to the meanest subject, was compelled to undergo a sepulchral inquisition. After the process of embalment was completed, the corpse was carried to a sacred lake which was to be found on the western side of every city. Here a jury of forty-two members was assembled to pass upon the merits of the deceased. If they found evidence of a life of evil works, the right of burial was denied and the body was carried home in the midst of social disgrace; or if the relatives were too poor to bury it, the deceased was left upon the margin of the lake where the guilty shade was sentenced to wander for a hundred years. If the deceased had done good deeds while in the flesh, he was buried with honor; a coin was paid to the boatman, Charon, for ferriage; a cake was provided for the sacred hippopotamus, Cerberus, who guarded the gates of the lower world, and the grim possession started across the lake. When the opposite shore was reached, the mummy was carefully deposited in an upright posture in the catacombs.* The Egyptians, above all things, believed in a resurrection of the body. It was for this that loving hands laid so many million human bodies, preserved by embalment from decay, in the rock

*Draper: History of the Intellectual Development of Europe, vol. I, pp. 92, 93.

tombs on the Nile. It was for this that "the kings and counselors of the earth built solitary piles for themselves."

In Egypt medicine was divided into a great many departments, giving rise to a vast number of physicians, and here specialties first arose. "Here," says Herodotus, "each physician applies himself to one disease only, and not more—all places abound in physicians; some for the eyes, others for the head, others for the teeth, others for the parts about the belly, and others for internal diseases."* This division of labor would have contributed greatly to the advancement of medical science, if it had not been for the restrictive laws of that ancient kingdom. The art was made entirely hereditary, and he who was the son of a physician was prohibited from abandoning the occupation of his ancestors. The good results which ought to have attended the specialization of work were entirely defeated by the fact that physicians were confined in their practice to fixed rules set down in the books of Hermes. So long as he adhered to these rules the physician was safe, let the result of his treatment be what it might; but the moment he depended on his own judgment he was in danger of his life, which he most assuredly lost if the patient died. After the fourth day, however, the physician was allowed to treat the patient as he wished.† Physicians in Egypt were required to practice in the army, and on strangers traveling through the country, without fee or reward. Their services were also freely given to their own people since they were supported by the revenue of the state, of which a third part was allotted to them; they were free from tax.

Nor were the ancient Egyptians ignorant of magic and the occult sciences. The superior rank of priests, the wise men and Magi of whom Moses speaks, boasted of possessing superhuman learning and supernatural power. In addition to medical science, physicians were versed in the studies of astronomy, magic and ritual mysteries, believing that the influence of a god, a star, a planet, or a tutelar demon gave powerful efficacy to their drugs. Religion mingled in all their operations. In the Ebers papyrus, a very ancient and important manual of Egyptian medicine, the prescriptions for various medicaments are accompanied by the forms of exorcism to be used at the same time. In the time of Helio-

*Herodotus: Bk. II, c. 84.

†Aristotle: Politics, Bk. III, c. 15.

domes, about two centuries before Christ, there existed several works upon natural history, in which plants and animals were designated by mystical names. Thus the ivy was called the plant of Osiris; the vervain, the tears of Isis; and saffron, the blood of Hercules. The alchemists, and other fanatics of a later date, eagerly adopted these symbolical names.

The chief priests employed themselves with the exercise of the magic rites, while the exhibition of remedies devolved upon the pastophori, or image bearers. The priests, in all things pertaining to the flesh, led lives of purity and holiness. They observed cleanliness with scrupulous care: their entire bodies were shaved every third day and the hair was permitted to grow only as a sign of mourning. The operation of circumcision was practiced by them as a sanitary measure. Pythagoras, himself, who derived much of his knowledge from the Egyptian priesthood, was obliged to submit to the loss of his foreskin. The diet of the priests was limited to such animal and vegetable substances as were brought into the temples as offerings to the gods. Animals intended for sacrifice were ceremoniously marked with a seal of clay; and concerning the art of imprinting the offerings they are said to have had many, many volumes. This custom had for its object the separation of healthy from diseased meats. Leprosy, the common diseases of the eye, and many other affections were by the early Egyptians attributed to the excessive use of certain kinds of food. Certain animals, however, were either rejected or accepted solely on account of some mythical signification which they were supposed to possess. Those animals were most frequently killed which had some similarity to the Evil One, or Typhon. He it was who had murdered their beloved Osiris in the early morning of the world.

The priests made frequent use of clysters. According to the Egyptian mythology, the administration of a clyster was learned from the ibis which performed, on the banks of the Nile, this very necessary operation on its own person. Herodotus tells us that every Egyptian was expected, once a month, to make use of emetics, purgatives, and clysters since the majority of diseases were thought to originate from derangements of the alimentary canal. At no time were the priests permitted to eat fish: the sexual desire, which is so much increased thereby, was the cause of this prohibition. The farinaceous legumina were prohibited for the

reason that they produce flatulence and render digestion painful. Onions were also proscribed since they caused thirst. Most kinds of oil, of which the other classes made use, the priests were not allowed—the oil of the olive being excepted. They used salt sparingly, and always the rock salt of Marmarika, for marine salt was symbolic of the foam of Typhon. As regards the use of wine by the priests the authorities are not agreed. Herodotus states, since there was no grapes in Egypt, that the people drank a kind of beer in place of wine.

Of the medicines employed by the Egyptians we have but little information. The older writers on medical history assure us that, in Egypt, squill was used as a remedy in dropsy, adianthum in sore throat, and oxide of iron in tympanites.

The status of anatomy in Egypt can well be imagined when we recall the conduct of the people towards the paraschistes. This unlucky operator, after having made the incision into the abdomen of the corpse, was compelled to fly to save his life. He was in danger of being stoned to death. This circumstance shows how great was the aversion of the ancient Egyptians to dissection; and, consequently it could not be expected, while such prejudices existed, that much progress could be made in anatomical discovery. As criteria of their proficiency in anatomy and physiology we will introduce two observations which have been handed down to us: 1. A particular nerve proceeds directly from the heart to the little finger. On this finger the Egyptians wore their rings; and this finger the priests always dipped in the perfumed ointments to sprinkle the victim and the worshippers. 2. A man cannot live for more than a hundred years. They found by experiment that the heart of a child one year old weighed two drachms; that it increased in the ratio of two every second year till fifty; and then decreased in the same proportion until the one hundredth year, at which time the aged actually died for want of a heart.

It would seem that the Egyptians possessed some knowledge of toxicology. The poisonous properties of arsenic, opium, henbane, aconite and veratrum were well known to the ancients and handed down by oral tradition as a part of the priestcraft, long before they were reduced to writing. The exact amount of knowledge thus transmitted can now be only a matter of inference. On an Egyptian papyrus preserved at the

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Louvre, M. Deteuil read: "Pronounce not the name of I. A. O. under the penalty of the peach." It is supposed that prussic acid is meant by this dread threat, for this, the most active of all poisons, can be distilled from peaches; and the Egyptians are known to have been the first who practiced the art of distillation.* In chemistry and metallurgy they possessed a degree of knowledge which is still an enigma to the wisest of the moderns. Thus they knew the art of applying silver of a blue color to surfaces, and were skilled in fabricating emeralds of a prodigious size. Nor are we required to accept the statements regarding their chemical knowledge with grains of allowance. Their sculptures and paintings show to what an extent the physical sciences, and the arts depending on them, had been cultivated. While the vases of the Greeks were adorned with graceful and emblematical forms, the tombs of the Egyptians everywhere commemorated the ordinary pursuits of life. Glass blowing, weaving, painting on wood and stone, and many other occupations are here set forth. Among the pictured representations, a chemist with pleasure beholds the apparatus of his art—siphons, blow-pipes and bellows. The statements of Greek writers cannot always be relied upon, and it is to the monuments of the Egyptians themselves that we must turn. Each year since their hieroglyphic system has been understood, the impressions which we here received of their intellectual advancement have been more and more favorable. "The vocal statue of Memnon, at Thebes, it is said, emitted a musical sound when touched by the rays of the sun; but in the light of modern criticism, every obelisk and monument in those desolated palaces is finding a voice."

Nor were the Egyptians ignorant of surgical science. Observations made by the scientists who accompanied the French expedition to Egypt in 1798, show that among the ruins of ancient Thebes there are evidences which prove that surgery, in the remote times, had made a remarkable degree of progress. After the Mamelukes had been driven beyond the cataracts of the Nile, the Commission of Arts had an opportunity of visiting the monuments of famous Thebes and the renowned temples of Karnack, Luxor, Medynet Abou and Tentyra, the remains of which still display their ancient magnificence. Upon the ceilings and walls of these temples basso-relievos are seen, representing limbs that had been cut off by

*Blythe: On Old and Modern Poison Lore, *N. Y. Med. Abstract*, 1884, p. 304.

instruments very analogous to those in use at the present day. The same instruments are again observed in the hieroglyphics, and vestiges of other surgical operations can be traced, thus showing that surgery had made considerable progress even at that remote period.*

CHRISTIAN SCIENCE.

BY C. S. SHEPARD, M. D., LA PORTE CITY, IOWA.

The topic I have chosen for a brief paper on this occasion has, I think, a considerable degree of local interest from the fact that in this county, as well as in various other portions of this and other states, certain men and women mostly the latter, go up and down among the people, carrying in their hands an alleged balm of healing for the sick and diseased.

Holding in contempt all knowledge of medicine and surgery, scientific therapeutics and even the elements of natural science—not to mention the rudiments of a common school course—these persons lay claim to marvelous powers of cure, and because of the novelty, mystery and extravagance of this assumption, many afflicted ones, seduced by the fair promises of a false doctrine, seek these so-called healers asking that they will touch the hem of their garments and make them whole.

It is not my purpose to enter exhaustively into an examination of this peculiar *ism*, but merely to note a few points of interest relative to it that may give rise to discussion which will be of practical benefit.

I wish to observe at the outset that the doctors of divinity have been investigating the theological phase of this subject and many of them agree that the use of the word "christian" is no less than utter blasphemy, in that it is employed for the purpose of gain—attracting the attention of a class of people who otherwise would doubtless deride pretentious claims of such shallowness. The Rev. Dr. Burrell, of Dubuque, among others, in a recent sermon on this subject, takes the writings of these "scientists," and with their own words convicts them of the charge

*Larrey: *Memoires de Chirg. Militaire*, Tome I, p. 233.

that the system denies the fundamental principles of christianity and the essential Bible truths. And this of a system that especially appeals to christian people for support.

If the term "Christian" is fraudulently used in their title, the other term—"Science"—is equally out of place. Science embraces knowledge and must have a collection of facts upon which to build. Science systematizes a large aggregation of these facts and from such orderly arrangement derives principles. But these facts—these verities—are the basis of the science.—"Christian Science" discards these requirements. The defense of its disciples consists in "confident assertions of supernatural power, and vehement denials of the sufficiency of natural causes to account for their results, and the quotation of misapplied passages of scripture. They have been compelled to avow, however, that they keep no record of failures as they do not depend upon phenomena or cases, but upon the Divine Word."—This admission is fatal and stamps the system as unreasonable and unscientific. The regular physician must give evidence by his works that he has skill and can benefit his patients. Continued failure to meet this reasonable expectation would leave him with nothing to do. But these boastful pretenders under consideration will consent to no such test and yet they do not want for clientage. The more brazen the fraud the more gullible the victims. Reason and argument will not avail for, as Froude says, "belief in the marvelous does not rise from evidence and will not yield to it."

Briefly, what is the process of cure by this method? I will quote several oracles of the faith, as fairly illustrative of this deep philosophy:

Mrs. Eddy, who claims to have "discovered" the system called Christian Science, and an acknowledged authority, says: "I will call sick and sinful humanity *mortal mind*, meaning by this term the flesh that is opposed to spirit, human error and evil in contradistinction to goodness and truth." She goes on to say: "Disease is an impression originating in the unconscious *mortal mind*."

Dr. Sivartha, another of their high priests, somewhat loosely explains, as follows: The work of healing is always done by the vital forces. These forces are under the directing influence of the mind or spirit. When we think steadily of any part of the body as being diseased, then we are actually sending down to that part such waves as will continue

the disease; but if we think steadily of health, then the waves will be of such a form as will tend to heal and restore the part.

Another eminent exponent writes: "The healer begins by arguing the case silently, expecting thereby to have some mental influence upon the patient. Further on the patient is told pleasantly, but positively, that *fear* is the foundation of sickness; that the image of disease is frightening him; that he *has not* any disease. If the case is a cancer the patient is told that he has not a cancer; the inflammation in the flesh is caused by the imagination; the seat of the trouble is in the mind, the thought, the belief. If he will abandon his false belief he will be healed. By this time, if the process works, the patient is ready for a swift turn of thought to "God as the All-healer."

These extracts prove that Christian Science knows no such thing as physical disease. Disease is a belief only, and if the mind can be set right—the belief dispelled—the patient is redeemed to health. There is a beautiful vagueness in this doctrine that happily accords with the sentiments of an address by the president of a Faith Cure Convention in Boston last month, in which he spoke of "the general progression [now going on] from the grosser to the finer, from allopathy through homeopathy to the mind cure, concluding with the old falatistic doctrine that a man could not die until his object in life was accomplished."

Having taken a peep at the theory, let us steal a glance at the practice of these "cures."

The climax of absurdity is reached in the so-called "absent treatments." The ordinary mind will, I think, find here nothing short of downright imposture. "Prof." Swarts, as he terms himself, is editor of the Mental Science Magazine, published in Chicago. He is also a bright light in the fraternity and a favorite dispenser of balm.

In the February number of his magazine Mr. Swartz makes an offer, renewed in the March number, to treat a hundred patient "at a distance," giving each one twelve treatments for five dollars. At 7 o'clock P. M., "Central time," he and his assistant will sit down and for twenty minutes fix their great minds upon the names of the hundred patients—providing each has paid his five dollars. At 7 o'clock P. M., by their own local time, (whether they live in Maine or California "will not affect the success of the treatments" although the time may vary hours,) the hun-

dred patients, "when convenient," are to "sit alone; the head a trifle bowed; the mind or body relaxed; eyes closed; neither limbs nor arms crossed. If patient cannot sit, may lie down." "We expect," he says, "the cure of many." No chromo is offered; but "during the month we shall communicate with each patient, and will send them post-paid a half-dozen pamphlets, etc., for distribution, and our MAGAZINE six months free." He concludes, "Will our subscribers and readers kindly aid the cause and the afflicted by words of encouragement and hope?" Gladly; with words of encouragement to keep on in this line until the thing becomes a universal laughing-stock, and of hope that such a result may come speedily. Comment upon such a proposition seems unnecessary. (Quoted from E. C. Ray.)

Dr. E. B. Hazzard, "Demonstrator in charge and Teacher of Christian Science, Mind Healing and Metaphysics in the Mind Healing Home, at Watkins, N. Y., is a recognized authority, and among other wise things, he instructs his disciples as follows: "The patient may be in three different ways. He may be sympathetic; that will help you greatly. He may be apathetic; that is not so good, but better than the next. He may be antipathetic, hostile; then say not a word, but *silently* 'give it to him' till he becomes less 'cantankerous' and more Christlike.'"

In directing how to "concentrate" the mind properly, he says: "Begin to think of a subject, and give a dollar to the poor for every time your mind wanders."

I have presented a few samples from the C. S.'s bill of fare; if you relish them you can at your leisure order a full meal.

There is ample evidence that many people have been benefited by the mind, or faith cure. Nervous diseases, involving the imagination are more prevalent to-day than ever before. This class of maladies comes with increased luxury and artificial modes of life. Hysteria, melancholia, nervous exhaustion and a score of allied disorders are, in a degree, amenable to any treatment that makes an impression on the nervous system, lifting the patient out of the slough of despondency and quickening the pulses of vital action by infusing hope and cheer. In this manner this sham system is helpful. But this does not make it a science nor warrant its recognition as a system of therapeutics. Stripped of all false claims and features it is simply an agency employed by every regular physician

who knows what a good medicine is hope, courage and a light heart to the sick, and also what deadly dangers lurk in the atmosphere of despair! Scientific physicians have walked in the light of this truth for centuries and this means of cure falls legitimately within the province of their practice.

The great English Physiologist, Professor Carpenter, says: "The action of the nerves and muscles are in a degree regulated by the ideas which possess the mind. There is scarcely a malady in which amendment has not been produced, not merely in the estimation of the patient, but in the more trustworthy opinion of medical observers, by practices which can have no other effect than to direct the attention of the sufferer to the parts and to keep alive his confident expectation of a cure."

Dr. Tuke, in his classical work, "The Influence of the Mind upon the Body," gives many instances of wonderful results arising, apparently, from mental causes. Such cases, as before remarked, exist, and have the testimony of reliable medical men. I have not time to quote any of these cases though they are of absorbing interest.

The reports of cures by these peculiar means are so exaggerated that the chaff almost entirely conceals the grain. The sources of error are numberless. In the field of regular practice physicians realize how often statistics prove nothing, or rather lead to false conclusions, because founded upon mistaken data; and this in the realm of well ascertained physical conditions at the hands of conservative men of science. How utterly worthless then, the record of alleged cures by (often) illiterate and ignorant riders of a "hobby" who strive to bend facts to fit a senseless theory, at the same time claiming for themselves and companions in error, esoteric gifts and powers. It seems to me they are reformers for revenue only.

To prove an alleged cure, we must establish, (1) that the disease existed; (2) that a real cure was wrought; and (3) the means of cure.

(1) Skillful physicians alone can determine the existence and real nature of disease. Time forbids dwelling upon this thought and showing the many ailments, curable by nature, that may be mistaken for malignant conditions. If nature's cure is coincident with these "treat-

ments," that benignant dame, nature, *i. e.*, the *vis medcatrix natura*, is cheated of her just due.

(2) Many alleged cures turn out to be myths. Relapses are never published. Physicians cure many patients who subsequently "top off" (as a patient expressed herself to me) with a few mind cure treatments. Here the praise that rightfully belongs to the doctor is given this absurd "system." But why tarry to mention two or three of the thousand deceptions in which the problem abounds? The oftenest quoted case illustrative of this point is found in the *Medical Record* of March 27, 1886, from the pen of Prof. Loyd, of the University of Pennsylvania, and may stand for a multitude of reported cures. For years this case was presented as showing that Christian Science was capable of covering the field of surgery as well as that of functional disorders. The case cited is that of a little son of Dr. Reed, a physician of Philadelphia, who fell and broke both the bones of his fore-arm. The account says that the patient insisted the following morning upon having the dressings removed because Jesus had made it well; that the child was so confident and persistent that on the third day the surgeon, who was the boy's uncle, did remove the splints, and exclaimed, "It is well, absolutely well!" and hastened to the door for air to keep from fainting. The patient has now grown to manhood, and is a graduate in medicine from the University of Pennsylvania. A letter was addressed to him by Dr. Loyd, and the following reply received:

"DEAR SIR:—The case you cite, when robbed of all its sensational surroundings, is as follows :

"The child was a spoiled youngster who would have his own way, and when he had a 'green-stick' fracture of the fore-arm, after having had it bandaged for several days, concluded he would much prefer to go *without* a splint. To please the spoiled child the splint was removed and the arm carefully adjusted in a sling. As a matter of course the bone soon united, as is customary in children, and, being only partially broken, of course all the sooner. This is the miracle!

"Some nurse, or crank, or religious enthusiast, ignorant of matters physiological and histological, evidently started the story. * * *
I have been pestered with letters on the subject from ministers and

members of the fraternity who seek to rob us of our patients, but have consigned all such to the waste basket.

"Respectfully yours,

"CARL H. REED."

The traveler on the highway, the mariner on the deep, the custodian of treasured gold and jewels, dreads the darkness of night as fraught with special danger. The sunlight brings increased security to person and property. There is danger in the dark.

This is also true in an intellectual sense. There is danger in the darkness of ignorance. This statement in a political sense is an axiom. But where can an ignorant man or woman do more mischief than in the role of physician? The issues of life and death are in his hands. He may be the savior or executioners of his patients. The laying on of hands, the anointing with oil, or the employment of illusory procedures of various kinds may not in themselves be particularly disastrous, though in some ways they are a menace to the well being of the sick. But we all can doubtless recall cases resulting badly in which the patient toyed with quackery at the critical period when a rational treatment would have effected a cure. I have in mind a former patient with an ovarian cyst. After examination and consultation, an operation was advised as the only hope. The patient acquiesced, but, while upon preparatory treatment, fell into the hands of a Christian Scientist. This healer, I am told, lays claim to immaculate goodness, and professes ability to fire great charges of piety, stored within her, together with marvelous occult gifts of healing, at any malady whatever with unerring accuracy and result. I regret to state that this estimable lady failed in this case to perform the promised wonder. Result, the patient is failing and will die. Here, I believe, is an instance that will prove the sacrifice of a valuable life upon the altar of credulity and superstition.

We have in Iowa a state law that prohibits unlicensed practitioners. It is a wise and beneficent measure, though not radical enough to purge the state of hundreds of charlatans who hold the field by grace of the five-year clause. It seems to me to be clearly the duty, and to the interest, of the profession to see this law strictly enforced. All irregular practitioners, of whatever name, should be forced to seek fresh fields

and pastures new. To effectually accomplish this result, there must be a movement all along the line. The profession must unite to enforce the law. I would suggest that each county or district society look after its own territory and raise a fund for the expenses of enforcement. A district society, for instance, might assess its membership a small sum *per capita* and employ a competent attorney to see to the matter. It is true this work belongs to the county or district attorneys, but such assistance on our part would, I think, increase the thoroughness of enforcement. Physicians, in their individual capacity, cannot afford to make a personal matter of each case, but organized effort would secure the best results. The charlatan has in all times and everywhere enjoyed a fat living. The United States has been called the paradise of quacks. Human nature is prone to the experimental, notably in medicine. As a couplet writer puts it,—

“In physic as well as in fashion, we find,
The newest has always the run with mankind.”

What is the remedy that will eliminate false theories and dangerous practices? There is none ; these conditions will always exist. We can, however, labor to reduce such evils to the minimum.

(1) By the more thorough equipment of physicians for their work. The highest medical skill, when accessible to all, will practically hold the field against all false systems. The ideal physician, armed with all the resources of our art, will prove the most serviceable policeman for picking up these contrabands and casting them beyond the reach of credulous would-be victims. Let the standard of medical requirements be so high that inferior aspirants will seek other callings, mediocrity find it a giant task to earn medical honors, and the bright and strong men deem a degree as well worth their full exertions.

(2) The people must be educated in physiological and sanitary science. This will prove the great means of prevention of disease, which is to be largely the medical practice of the future. As men and women learn how to keep health and how it is lost they will form truer ideas of the value of scientific medicine as compared with the fleeting schemes that rapidly fade from view propelled by the fitful power of *wind*. The common schools, though doing much, should do still more in behalf of

the physical welfare of the race. Hygiene should occupy a larger place in the curriculum. Less Latin and mathematics, and more about these bodies of ours, is what wisdom suggests. Since most physical ailments come from wrong living, as a result mainly of ignorance, it follows that the dissemination of sanitary knowledge is the great indication for future work.

Another consideration and I am done. Christian Science and its associated fallacies may suggest to us a question. It is this: Do we not too often rely entirely upon the action of drugs to cure, when the emotional, the mental and the moral agencies, all of them rare potencies in healing, are left unused? If, as we admit, the unqualified can often perform cures by their falsely pretentious arts, what an enhancement of ability is given the true physician who treats both mind and body. Dr. Austin Flint always sought to impress the fact that not drugs, but the healing power of nature, was the main factor in all recoveries.

We have well established facts relative to the action of drugs. Quinine surely destroys malaria; opium, belladonna, cocaine, are certain analgesics; digitalis rests and strengthens the cardiac muscle; ergot has a selective action upon unstripped muscular fiber, especially that of the ureters; calomel is a princely hepatic stimulant, and so on. But outside of a comparatively small area of ground, lies a vast field of conflicting opinion and doubt. Many agents of reputed value are worthless. It is not strange that he who pins his faith to every new preparation advertised, becomes in the end a rank therapeutic nihilist. The creed of Hahnemann has had a use in suggesting to the regular school smaller doses. The faith curites remind us that a wise expectant plan is, in many diseases at least, scientific if not orthodox. Sir William Gull, in speaking of general practitioners, says there is one universal practitioner better than all of them when you are sick, viz., a warm bed.

There are times and conditions when kindly sympathy, the cheer of friendship, the beckoning of hope and the maintenance of faith outranks in value the rarest and costliest drugs, though prescribed by a master in our art. A shrub may yield a fresh and fragrant flower that, by delighting the senses, will prove far more efficacious than the administration of its pulverized bark or the tincture of its root. The pleasing, the joyful and the beautiful in nature have a rightful place in our ther-

apeutics. May the brightness of these gladden the hearts of our patients and be a silvery lining to every cloud of bodily ill.

Finally, the human brain and its marvelous tenant—the mind—are not to be appropriated for the glory of our Christian Science brethren. The yet unmeasured and illy-defined adjustment between mind and body will be accurately determined by the sure but slow methods of science. The study of mental physiology is perhaps in its infancy. The known is but a little as compared with the unknown. But these now hidden chambers of knowledge concerning it will be entered only by the studious and devout disciples of our art. The profane hand of quackery will never seize upon these treasures; and those who now audaciously profess to have the keys that unlock these secrets will soon disappear from the notice of the people.

THE IOWA MEDICAL PRACTICE LAW.

BY S. N. PIERCE, CEDAR FALLS, IOWA.

What has thus far been the effect of the law passed by the General Assembly for the purpose of regulating the practice of medicine in the state of Iowa? Has it been for the benefit of the people at large, and has it reflected any credit upon the medical profession? Whatever it may do in the future, it has thus far been of no practical benefit to the people and has served to bring the medical profession into disrepute rather than to elevate it.

In considering this subject it is proper to ascertain in what manner and under what circumstances the law has been beneficial. As to this matter it is true that in some rare instances the law has had the effect to drive from the state ignorant quacks, who, knowing that they could not comply with its provisions, have abandoned the field through fear of prosecution. How many imposters have thus been suppressed we have no means of accurately determining, but, so far as known, the number is comparatively small. So far as this result has followed, it is a step in

advance and the people are the gainers, but the question is a pertinent one whether the good results herein experienced are not overbalanced by the evil effects of the law. It was evidently the purpose and intent of the law to prevent ignorant and incompetent persons from practicing medicine in the state. Does it do this? I claim that it practically fails in this regard. One of the three conditions on which the State Board of Medical Examiners are required to grant permits to practice is, that the applicant shall furnish affidavits showing that the candidate has practiced medicine in the state for five consecutive years. This means, in plain English, if he has been imposing upon the people and murdering his innocent victims, as opportunity may have offered, for the term of five years, this shall be deemed a sufficient reason for granting him a license to continue this nefarious business for the balance of his natural life. It is pertinent here to note the fact that in these cases the board have no election in the matter but are compelled to issue a license where such proof is furnished, without any reference to the qualifications of the applicant.

The friends of the law say: "We do not claim perfection for it, and admit that it is feeble in some respects, but it was the best we could do and is much better than no law." In reply to this it is proper to mention some of the evil effects of the statute. As shown above, it requires the State Board to issue licenses to ignorant and incompetent persons, thereby giving them standing and respectability in the profession and, so far as statutes can do it, placing them on a par with reputable physicians. Instances have come under my personal observation where persons have received certificates from the State Board who are *totally and notoriously* ignorant of all matters pertaining to the medical profession, and who, prior to obtaining such certificates, were not recognized as medical men in any sense, but who by virtue of this permit have materialized as fully fledged physicians, not failing to advertise the fact very extensively that they have a license from the Board of Medical Examiners to practice medicine. The law has not suppressed these imposters but it has *made them respectable!*

Again, the inclination to recognize Schools or "Pathies," constitutes the greatest humbug, and is in fact the most serious impediment in the way of progress in the medical profession. Formerly it was competent

and proper for any physician to maintain that there is but one legitimate way for any person to become a physician, and that is by becoming thoroughly informed in regard to all matters pertaining to disease and the best method of curing and preventing the same.

That in medicine there is no such thing as "Pathies," any more than there is in the legal profession, and that whenever a so-called physician adopts homeopathy, eclecticism, hydropathy, allopathy or any other "pathy," he does it either by reason of his contemptible ignorance or for the purpose of humbugging the people. Whatever may have been in the past, it is true now that these distinction do not exist in fact but only in name, and any practitioner who adopts them is (professionally speaking) either a *fool* or a *knave*. But it will be asked what has this to do with the subject under consideration? I answer, that it has much to do with it, for the reason that the medical practice law of Iowa does practically if not necessarily recognize, legalize and give countenance to these "systems," of practice hereby contributing towards bringing legitimate medicine into disrepute.

Finally, the law is weak and inoperative, for the reason that no adequate provision has been made for its enforcement. In consequence of this neglect there are to-day hundreds of individuals who are openly and boldly violating the law, and no attention is being paid to such violation. It was at first supposed that it would be the duty of the State Board to see to its enforcement, but correspondence with said officials elicits the reply that they have nothing to do with this duty. That it is their function to determine who shall and who shall not have permits, and there their duty ends. But who is to make complaint and assume the responsibility of commencing suit? The average citizen has no interest in the matter and will not file complaint. He thinks the law was intended not for the benefit of the people but to protect the medical profession and that the "doctors" must enforce it if it is to be enforced. The result of this situation is that prosecutions are brought only in rare instances, where physicians have started them at the risk of being denounced by their neighbors and being accused of *persecuting* a he or she competitor, as the case may be, on account of jealousy of their popularity and success.

The prosecuting witness is necessarily a physician and in the outcome he generally gets punished more than the defendant.

A medical practice law, to be of any value, must possess at least two qualities. One of these is, that a reasonable amount of qualification must be required of all practitioners. Our law fails to accomplish this, for the reason that five years' practice does not, *per se*, imply any such qualification. Again, it must provide some adequate means for its enforcement. In this respect the Iowa law is radically deficient and inoperative.

SOCIETY REPORTS.

COUNCIL BLUFFS MEDICAL SOCIETY.

COUNCIL BLUFFS, Iowa, August 12, 1887.

To the Editor of the Reporter:

Real estate speculations in the early part of the year, a fight for a bridge site across the river to Omaha following that, and the building of a motor railway to our beautiful lake "Manawa" the motor power of which, by the way, has not been manifest as yet have been the principle subjects engaging the minds of our people, including the disciples of Æsculapius, great and small.

Nevertheless the Council Bluffs Medical Society continues to meet and in order to insure a quorum changed the section of the By-laws so that three instead of five should constitute a quorum. This always insures a meeting as the Society meets in the office of a member and he with the president and secretary make a quorum, consequently the meetings have been quite regularly held and with more or less profit to those in attendance.

The annual meeting was held on the evening of the 10th inst., at which time the following officers were elected for the ensuing year: President, Dr. C. H. Pinney; Vice-pres., F. T. Seybert; Secretary, Dr. J. F. White; Treasurer, Dr. J. H. Cleaver; Board of Censors, Drs. J. M. Barstow, F. S. Thomas and J. H. Cleaver.

The secretary then read a paper for Dr. Jennings entitled "Parenchymatous Nephritis" as a sequel of Scarlatina with the report of a case

where Pilocarpine was used with decided benefit and permanent relief of the patient. The society then adjourned until the next regular meeting August 24.

J. F. WHITE, *Sec'y.*

BLACK HAWK COUNTY MEDICAL ASSOCIATION.

The semi-annual meeting of the Black Hawk County Medical Association was held in this city on Friday last at the Workman's Hall, through the courtesy of Waterloo Lodge A. O. U. W. Notwithstanding the extreme heat there was a full attendance.

Numerous subjects of interest were brought before the association and duly discussed. An essay by Dr. C. S. Shepard, of La Porte City, on the subject of medicine from a scientific and non-scientific standpoint was listened to with great interest, and, after lengthy discussion, was ordered by a unanimous vote to be sent to the IOWA STATE MEDICAL REPORTER for publication. The following officers were chosen for the ensuing year: C. S. Shepard, president; P. J. Fullerton, vice president; C. H. Horton, secretary and treasurer; essayist, O. J. Fullerton. This city was selected as the place for holding the next meeting, the second Friday in January, 1888.

CORRESPONDENCE.

EDITOR REPORTER:—Let us hear from some of the medical profession on "*Chemical Fever in Infants*," its cause and treatment. I have named "*Starvation Fever*" in two to five days' old infants, as above. I have seen little patients of above ages with a temperature of 105° F., and upwards, with retching and attempts at vomiting and cadaverous appearance, sufficiently to make life appear hopeless, followed by complete recovery within a few hours, under the following treatment: Hyd. Chl. Nit., gr. i; Pulv. Potas. Chl., grs. ii; Sacco. Lac., grs. x, divided into twelve powders, and one given every thirty minutes, and at the same time feed almost to stuffing, sweet cream diluted with water. The cure depends on how much cream that can be retained and absorbed, as all that is necessary is to furnish carbon to feed the flame and divert the attack the oxygen is making on the child's adipose.

ESSEX, IOWA, Aug. 13, 1887.

W. H. C. MOORE.

SELECTIONS.

THE LOCAL TREATMENT OF DIPHTHERIA.

Dr. J. Henry Fruitnight, of New York, sends us an interesting communication on this subject, which the crowded condition of our columns compels us to present in abstract. As the disease presents both local and constitutional symptoms, we ought, he argues, to treat it both locally and constitutionally. Many of the remedies employed exert a local effect as they pass over the parts while being swallowed, and, in order to increase this effect, he advises patients, who are able to do so, to retain the dose for a time in the buccal cavity. "In the recent discussion of this subject, no mention was made of one remedy, formerly used for its constitutional effect, but which I have employed for its local action. I refer to the hyposulphite of soda, the use of which was suggested to me by Dr. Brickelmaier, of this city, in an informal conversation some time ago. Since then I have treated eight cases of diphtheria with this remedy, giving hourly doses of one drachm of a solution of the strength of one drachm to two ounces of water. In two of these cases the pseudo-membranous deposit was very thick and tenacious. In all there was a gradual lessening and disappearance of the membrane from hour to hour. The patients retained the solution in the mouth several minutes before swallowing it. No other local remedies were employed, though the general condition of the patients received proper attention. In one case, which is now under treatment, the deposit is very great and extends downward to a considerable distance. In this case gentle local applications are made by means of a brush. I have not yet had an opportunity to use the remedy when the disease has invaded the larynx, but intend to employ it in the spray-atomizer in the first case of this kind which presents itself. I shall also use the same method when the patient is too young to hold the solution in the mouth before swallowing it. The hyposulphite of soda has also, very probably a constitutional action, but it is to its use as a topical agent that I now specially wish to direct attention. I disclaim, however, the notion that it will

cure in every case, for we all know that some cases will inevitably succumb to the disease despite any and all forms of treatment. As to the manner of making local applications, the gentler and more intelligently the local applications are made the more favorable are the results likely to be; therefore the spray-atomizer is to be preferred in all cases of the buccal and laryngeal forms of the disease. A suitable syringe, carefully used, is to be recommended for the nares and posterior pharynx. As regards the various remedies recommended for use in the spray-atomizer, I have had a greater percentage of recoveries with trypsin than with anything else."—*Medical Record*.

EDITORIAL.

A CORRECTION.

In an editorial, in the June number, the REPORTER made an attack upon Attorney-general Baker as an official, supposing, as therein stated, that he had been the adviser of the State Board of Medical Examiners. Carelessly and thoughtlessly in this attack we seriously reflected upon Attorney-general Baker as an attorney, while intending to attack him only in his official role in connection with the State Medical Law, not realizing, at the time, that we might be injuring his business, nor afterwards, until the attack had been in circulation. We had no wish or cause to attempt to injure General Baker and we believe that he is so well known and his ability and reputation is so well established that we could not do him a serious injury. This is no excuse. We unwittingly did him a wrong—an injustice, one that to a man less known and having his reputation to make might prove a serious injury, and we are sorry for it.

We have no reason and know of none for believing otherwise than that Attorney-general Baker's professional ability is equal to that of any other attorney in the State and superior to that of the majority.

In regard to General Baker's action with the State Medical Law, upon

which our criticisms were intended, he says: "I never give my legal opinion as Attorney-general except in writing. I never gave the State Board of Examiners my legal opinion, and that I have never, at any time, been asked my opinion as to the validity of the medical practice act, nor have I ever intimated an opinion that it is invalid or in any of its features unconstitutional."

Before the publication of the editorial in question, the secretary of the State Board of Examiners, in reply to questions, stated that the Board had consulted with Attorney-general Baker and with *no other attorney*. Since the publication above referred to, the secretary of the Board has stated that they never had General Baker's written opinion, but that he had come before the Board "a few times" at the Board's request.

In the proceedings of the late meeting of the State Medical Society a member of the State Board of Examiners is reported to have said: "The Board had taken legal advice," and "able legal counsel had advised, etc,"

Attorney-general Baker makes the following written statement:

"I have never at any time, in any way, informally or otherwise, indicated that the law in question was invalid, unconstitutional, or not capable of being enforced. I have always held that it was a valid exercise of legislative authority. That it was clearly enforceable. At Council Bluffs, Dr. Robinson then president, asked me whether or not, in my opinion, the board could withhold a certificate for the same reasons they could revoke it. I said I thought they could. That while the law did not say so *in hæc verba*, it was in my opinion clearly implied.

"This was a mere informal conversation however in Dr. R.'s room at the hotel. On another occasion in an equally informal way, some members of the Board asked me what I thought would be the effect when a doctor failed to record his certificate within the time required by the law. I said to them that I thought the requirement to record, as to time, was directory. That if through neglect or for want of information, it was not recorded within the time fixed by law, but was recorded before suit was brought for the violation, that it would be a good defense. Relying upon the ruling of the supreme court in regard to the filing of reports by those holding permits under the law for suppression of intemperance.

"These are the only occasions on which I have ever been asked even informally for an opinion in respect to the medical practice act.

"To the Board of Health I have often said that the law was very defective in that there was no provision whereby the Board of Health could enforce its rules and orders. That the powers conferred on local boards were much more ample than those conferred on the State Board."

These statements are not made to fortify our position in the wrong, but to show the reasons for the part of our attack, which was intended to show the medical profession whereby the misunderstanding was made that led the writer in his interest in the medical law to attack Attorney-general Baker, and to vindicate him; to show the medical profession that they have no reason to believe that General Baker will not show as much interest in the medical law and sanitary question when the proper time shall have come, as he has shown in other public questions; and further to show that he should command their respect and support, as he has done in the past.

This correction is made cheerfully and voluntarily, and at our first opportunity, not knowing whether General Baker will feel that we have in any degree redressed the wrong carelessly done him.

It now appears from the evidence that the State Board of Examiners are mistaken, that they have not taken "legal advice," that "able legal council had (not) advised "etc." that the Board had not consulted with Attorney-general Baker. We are glad to have found this out, but are sorry we have done so at the expense of General Baker.

We have received a large number of letters on the medical law. The replies are being held until we gain the general public opinion.

PHYSICIANS AND DENTISTS LIFE INSURANCE ASSOCIATION—Incomparably the most practicable economical, and safest plan ever offered. *Chief features.* 1st—Not a dollar of the Benefit Fund goes into the hands of the Association; A National Bank is made Trustee, in which the members deposit direct. 2d—An *Individual Surplus Fund* for the protection of *each separate policy*. 3d—A *Special Guarantee Fund* to protect, solidify and make permanent the organization. Correspondence and investigation invited. *Special inducements to all applicants.*

Address,

W. G. FARRAR, *Secretary.*

Royal Insurance Building, Chicago, Ill.

STATE INSTITUTIONS.

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE.

REPORT FOR MAY, 1887.

	M.	W.	T.
Admitted	24	13	37
Discharged.....	20	12	32
Remaining... ..	442	350	792
Left for visit.....	5	13	18
Returned from visit.....	1	3	4
Discharged recovered.....	10	5	15
Discharged improved.....	4	2	6
Discharged unimproved.....	0	4	4
Discharged died	3	2	5

GERSHOM H. HILL, *Superintendent.*

REPORT FOR JUNE, 1887.

	M.	W.	T.
Admitted.....	17	11	28
Discharged.....	15	17	32
Remaining... ..	444	347	796
Left for visit.....	3	3	1
Returned from visit.....	2	1	3
Discharged recovered.....	4	5	9
Discharged improved.....	8	6	14
Discharged unimproved.....	3	2	5
Discharged died.....	3	2	5

GERSHOM H. HILL, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR MAY, 1887.

	M.	W.	T.
Remaining April 30, 1887... ..	402	291	693
Admitted in May, 1887.....	18	14	32
Returned from visit during the month....	1	1	2
Total under care in the month.....	421	306	727
Discharged during the month.....	13	10	23
Daily average under care	402	293	695
Discharged recovered.....	5	2	7
Discharged improved.....	5	4	9
Discharged unimproved.....	0	2	2
Discharged died	3	2	5
Remaining, May 31, 1887.....	408	296	704

H. A. GILMAN, *Superintendent.*

REPORT FOR JUNE, 1887.

	M.	W.	T.
Remaining May 31, 1887.....	408	296	704
Admitted in June, 1887.....	13	10	23
Returned from visit during the month.....	4	3	7
Total under care in the month....	425	309	734
Discharged during the month	15	12	27
Daily average under care.....	407	297	706
Discharged recovered	2	5	7
Discharged improved.....	10	2	12
Discharged unimproved.....	0	3	3
Discharged died.....	3	2	5
Remaining, June 30, 1887.....	410	297	707

H. A. GILMAN, *Superintendent.*

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ORIGINAL ARTICLES.

THE TRUE POSITION OF ELECTRICITY IN MEDICINE.

BY J. T. EVERETT, A. M., M. D., GRINNELL, IOWA.

From time immemorial the world has decried and denounced every and all innovations upon old theories or ideas. In this role of the "chronic kicker" the medical profession has not been behind the masses. One portion of our profession, from "conservatism gone to seed" are viciously opposed to any steps forward, in advance of their present station of observation; because it means an additional outlay of time, brains and cash; because it means work and study to bring themselves up abreast of their compeers. These men are actively and aggressively opposed in all professions to any advance, and are actively and often unscrupulously at work to retard the wheels of progress. And not a few will even resort to slander and personal falsehood and all manner of unprofessional words and acts in order to attain their ends. It is useless to shut our eyes to these things; they are facts, sad and disgraceful as they are. It is needless to enlarge upon this theme; many of us have experienced these attacks, and yet we live and move and have a (practice) upon the earth.

There is still another class of local practitioners who are conscientiously, if ignorantly, opposed to any advance methods which have failed in their hands, through lack of skill and knowledge. These men have in numerous instances brought cheap and nearly worthless faradic batteries or worse, the old crank magneto machines, and have used even

these in an improper manner, in ill selected cases and have perhaps attempted to treat each and all types of disease condition in the same manner. They are like the physician (?) with whom the writer was called to consult several years ago, in a case of Chronic Spinal Meningitis. We advised the use of Central Galvanization. He promptly and pompously replied that he had used the battery thoroughly in her case with no benefit. Upon inquiring in what manner and in what quantity, he replied, "O! I put a handle in each of the patient's hands and set the machine agoing."

A truly original method of employing central *galvanism* with a *fara-dic* battery and through the hands. This man had purchased a cheap faradic machine and with little or no knowledge of its use or of electro therapeutics, had used the agent hap-hazard on every case where there was any excuse, much in the manner of the famed (?) western Doctor (?) who was of such an economical turn of mind that whenever a patient died or recovered, he gathered up all the remaining medicines, and these with the rinsings of his various bottles, etc., was consigned to a jar kept for the purpose. Whenever he encountered a case he failed to diagnose, the prescription was invariably a bottle from this hotch-potch; this being a veritable E Pluribus Unum, there ought to be something therein that would hit any case and kill or cure, which it usually did.

After a longer or shorter experience of this hit or miss, go as you please kind of treatment, the Tyro in medical electricity, fortunately for his victims and for the good name of the profession which he disgraces, consigns his worthless machine to the shelf and boldly proclaims that electricity is a vanity and a vexation of spirit, and utterly useless in medicine, and points to his misused machine in triumph as proof of his assertion.

One of this class recently announced in a medical society that he had entirely discarded the battery in his practice for the last twenty years. The older members of the profession will sustain me in the assertion that twenty or even fifteen years ago, we scarcely knew the A B C of electro therapeutics. There is still another and a very large and respectable class of busy practitioners who are in many points scientifically educated and are progressive men and original thinkers, who from want of time to devote to the study of, and the acquirement of the requisite skill to become successful in, this branch of therapeutics, and have too much integrity to

attempt to practice what they do not thoroughly understand, have had the manhood to admit the fact and consequently send such cases as require electrical treatment to an electro-specialist, instead of resorting to powerful and dangerous drugs. These practitioners recognize the fact that a scientific use of this agent is as much a specialty as is Gynecology, Ophthalmology or Otology. There is a large and growing class of studious workers, of scientific investigators in the domain of experimental therapeutics, who have carefully, conscientiously and laboriously examined this subject for many years and have learned certain facts, and are using the various phases, modifications and kinds of currents with almost absolute precision. These men have only been convinced of a few well established *facts*, among which are these: That electricity is a tonic, a stimulant, a *sedative* and an *alterative*. These facts may be defined more clearly and specifically, as follows: The faradic current, when properly used with a mild, pleasant, fine interruption of the current from the secondary coil, is a reliable muscular and circulatory tonic. When used with a coarser interruption and a larger amount of the soft core exposed, it is a stimulant to muscular and vascular tissues, and may be carried to a point of absolute injury. Central faradization consists in pressing one electrode of a faradic machine deeply into the sub-auricular triangle, and the other placed over the epigastrium. If we place one pole at the junction of the occiput with the cervical vertebra and pass the other pole successively over all other parts of the body; this is called General Faradization. This is best done by means of the electric hand of the operator. Central faradism is a general tonic, very beneficial in cases of extreme anemia with mal-assimilation, neurasthenia, etc., as it stimulates and tones up the great sympathetic system. The author has tested this method in numerous cases where internal tonics and alteratives utterly failed to act. General Faradism is a general excitement to the entire peripheral circulation and may be a tonic or a stimulant according to the strength and intensity of the current. We have found the proper field for the use of this current to be in cases of poor circulation of hypostatic cutaneous congestion, dropsies, etc.

The galvanic or direct continuous current may be used also in the same manner as the faradic, above described, and are called respectively, Central and General Galvanization. The experience of the writer is that Central Galvanization is more effective than Central Faradization in sim-

ilar cases; and conversely that General Faradization gives better results than does General Galvanization. The scope of the present article will not permit us to enter exhaustively into the reasons for this, other than to suggest that in faradism we have a higher degree of tension and the cutaneous capillaries are more acted upon than by the diffuse voluminous galvanic current and *vice versa*.

The galvanic current has also another property which the faradic does not possess, viz.: its chemical effects. This may vary from a gentle excitant, to an absolute escharotic; besides these facts, there are a vast mass of claims and theories with a greater or less probability of truth in each. The following report of cases summarized and condensed, will illustrate the effects and the relative certainties of cure when this agent is judiciously and discriminately used. The writer commenced the study and use of electricity while in Mercy Hospital, in Chicago, over twenty years ago. The science was then in its infancy and hardly accurate enough to be called a science; for the literature was not as extensive or specific then as now. We have used the faradic current largely from that time to the present, with growing success, which has now become as certain in our hands as any other therapeutic agent, in cases of atony of muscular tissues. The most pleasing results have been obtained in cases of prolapsus uteri, flexions or versions when accompanied by a relaxed condition of the vaginal walls. In many hundreds of cases this agent has been successful in combination with the indicated systematic remedies, in rectifying these malpositions and conditions. This is done by passing a moderately strong faradic, or what is sometimes better, a galvano-faradic or a combined current through the relaxed ligaments and tissues.

In prolapsus, our method has been to place one electrode beneath the sacro-lumbar articulation, changing them frequently to the supra pubic or ovarian, while the other pole is inserted into the vagina, and at the same time the displacement can be mechanically rectified by means of the electric finger which has been found to make the best electrode when properly insulated by a piece of rubber dam.

When this treatment is properly applied daily, for a sufficient length of time, with the requisite attention to the general health and nutrition, the results have been much more certain, speedy and satisfactory, and with fewer concomitant complications, than when pessaries and supporters are used.

In cases of flexion or version, the same course is pursued except that the large electrode is placed over the insertion of the relaxed ligaments, while the other is applied at the cervix, or in severe flexion, an insulated electrode is passed up into the neck and the flexion rectified; at the same time the relaxed ligaments are made tense by a switch current running from their origin to their insertion.

This method of treatment is indicated and is of vast benefit in catarrhal conditions of the uterus and of its appendages, in post partem hemorrhages, and in inertia uteri in labor. The continuous current from its greater variety of combinations, has a much wider and more varied field of usefulness than the faradic.

Its effects in Central Galvanization have been referred to above. In goiterous as well as in fibroid tumors this is the curative agent "par excellence." In an experience extending over a period of upward of twenty years, the writer does not recollect of a complete failure to cure goiterous growths or a failure to lessen the size of the tumor in every case. In a record of twenty cases treated in recent years, with two exceptions a perfect cure was effected. In one case of a fibrous goiter of thirty years standing, the growth was lessened three-fourths in size and the distressing dyspnea disappeared, and the tumor assumed a fibrous cartilaginous condition, closely resembling calcareous degeneration. In the other, the patient was far gone in tuberculosis and died ere a cure could be effected, yet, in this case, the tumor grew less in size and the concomitant symptoms disappeared.

In a list of forty-seven uterine fibroids treated by this agent the writer has a record of forty-three cures either by absorption or by disintegration and extrusion. (Reported in *Am. Jour. Obstet. and Med. and Surg. Reporter*.) Two cases were improved considerably and two passed by retrogressive metamorphosis into sarcoma and thence carcinoma, death subsequently ensuing.

My treatment in uterine fibroids has been by placing the positive electrode, by means of a large sponge moistened in a saline solution, at the sacro-lumbar junction, while the negative pole with a smaller disc of moist sponge is placed as near over the center of the tumor and pressed well down upon its structure.

Occasionally it has been deemed necessary to insert insulated needles into the mass of the tumor; but this occurred in but a few cases of old

fibrous or calcareous growths, and while comparatively safe in skilled hands, yet from the intense pain induced, this method should be reserved for stubborn cases which resist the milder course. The electrolytic treatment (*i. e.* placing the annode and the cathode in close proximity and sending an intense burning current through the growth) is indicated in nearly all goiters and all such other tumors when possible.

The galvanic current should be invariably measured by the "Milliamperemeter," for while there is a remarkable tolerance of current power in some people we must never rely upon the sensation of the patient, nor the number of cells in the circuit, lest we produce destruction of tissue and troublesome sloughing supervene.

The dosage of electricity should be looked after as carefully as should any other article of the *materia medica*. The number of cells is no criterion of the strength of the current, for the volume and intensity of a circuit varies with its freshness, with the state of the atmosphere and with the condition of the terrestrial magnetism.

In acute inflammatory troubles, with the exception of acute rheumatism, electricity has proven of but little value in our hands. In this trouble (acute articular rheumatism) electricity may be judiciously combined with the Salicylates Iodides, *Phytolacca* and *Manaca*. While in the chronic types it is still less reliable, yet if any one will furnish a *reasonably probable* remedy for this trouble he will confer an estimable boon upon the medical profession and the public generally.

In excentric paralysis the combined electro-faradic current is *the remedy*. In cases of neuralgia and nyalgia, the constant current is frequently of marked benefit, and while not invariably curative, yet from the fact that it leaves no bad after effects, as do the narcotics, it should be tried faithfully previous to a resort to these agents.

In selecting a battery, much care and a perfect knowledge of their construction and mechanism is required. The experience of the writer is that in the great majority of the galvanic batteries offered for sale the elements are too small and the connection too frail, or of too fine wire, and we are firmly convinced that the quantity as well as the intensity of the current are potent factors to be looked after, some able electro-therapeutists to the contrary notwithstanding.

In my office cabinet battery, for general use, I have had eighteen cells constructed with a special view to this end. The cells contain eighteen

ounces of electropion-fluid; the elements are large and while there is a low tension there is a large dynamic force which I have found more effective than three times the number of small cells. Our sixty cell combination is rarely used. In the zinc-carbon cell, which has proved the most satisfactory in our hands, the zinc surface should not be less than sixteen square inches, while the cell should contain not less than eight or ten ounces. However, the McIntosh Co., of Chicago, manufacture a battery of less capacity, yet giving a remarkably effective current, but requiring frequent refilling of the cells. For a portable galvanic battery this will be found very satisfactory if kept in proper order. In selecting a faradic machine equal or greater care should be used.

It must be admitted that a great number of these instruments manufactured are practically useless. In order to obtain a satisfactory effect from these the cells must be exceptionally large, containing twenty or thirty ounces of fluid. There should be two carbons and one zinc plate, each of superficial area of twenty or thirty inches. The electrophores should be massive, so as to reduce the external resistance to the minimum. The helix is a matter of vital importance. It should consist of at least three induction coils, the first of very coarse wire, the second of an intermediate grade and the third fine and long. In such a coil we have at our command a large volume and variety to select from, and we often need an immense dynamic force to use in case of suspended animation from drowning, hemorrhage or the narcotic poisons, and intensity will not do the work. The writer has a record of a case where a young man swallowed over an ounce of gum opium with suicidal intent. When we arrived upon the scene respiration had ceased and circulation was nearly suspended, the face cyanosed, and a "look of death sat enthroned upon his brow." While preparing the battery a stomach pump was tried, but clogged with undigested food and became inoperative. The interrupted current from such a coil as above described was passed from one electrode placed over the sub-auricular triangle to the other pole applied to the epigastrium, with such a dynamic force as no conscious person could sustain for a moment. In a few seconds respiration was re-established, but for an hour it ceased upon discontinuance of the faradization. During this time the circulation increased, the purple hue of the face gave place to a pale, then ruddy hue. After respiration was well established, an insulated electrode was passed into the stomach, when violent vomiting

followed the passage of the current through that viscus. The faradisms were continued at intervals until the poison was eliminated and the patient made a good recovery, yet with an excruciatingly lame and sore epigastrium and neck. In this case no other agent could have done any good whatever, and a weak current would have been useless. The helix manufactured by the Jerome Kidder Co. has given me better satisfaction than any out of a dozen others which have been tried.

If the mass of the profession would go to the trouble of getting a reliable instrument and would post up on this potent and safe article of the *materia medica*, it would be vastly to their advantage as well as to that of their patients. As well might we discard opium, iodine, strychnine and mercury from our armam deletarium as to ignore the battery, which in numerous instances can be substituted for these potent poisons, and if successful it leaves none of the bad effects which these drugs do in the hands of the most skillful; besides *it* can be used more accurately, locally, and can be commenced instantly and stopped at any moment, and *never* produces cumulative effects, narcosis, iodism, salivations, etc., etc.

If these hastily jotted thoughts, disconnected, untechnical and un-studied, written in moments snatched from a busy practice, shall induce any professional brother to turn his attention more fully and carefully to this subject, the object of the writer will have been attained, for we believe that the great majority of our noble profession are erring more from the want of thought and attention than from prejudice or selfish motives.

Should a more systematic and scientific paper be desired by the Iowa profession (for we are behind our eastern compeers in this respect), at some future time we will endeavor to get time to fully and more concisely enumerate the present determinations of the electro-therapeutists of the time. While not claiming to be an authority on this subject, we think that an active and extensive practice of a quarter of a century, and a large part of that time a close student of cause and effect, has given us somewhat of an insight into and a knowledge of the laws which govern this branch of the science of medicine.

FAITH CURES AND CHRISTIAN SCIENTISTS.

BY J. A. DE ARMOND, M. D., LE CLAIRE, IOWA.

[Read before the Iowa and Illinois District Medical Society.]

Of the powerful influence of the mind over the body, we are all well aware from daily observation. Patients who have implicit faith in our ability to effect a cure, are much easier to satisfy than those who are suspicious from the outset. To have the full confidence of a patient is the first requisite. We all have noted the slow progress of the case in which friends or visitors have successfully decried our ability to cope with the disease, and at the same time given some one else a flattering recommendation. No case is harder to handle than the one where all hope is gone, and where continuous doubts arise. To successfully encourage a patient to see the first mark of improvement, to make light successfully of the little relapses, to have a satisfactory explanation ready for every new symptom, and in short to cheer the mind and encourage the hope,—all these are essential in the successful practitioner.

Medical men in all times have recognized the power and influence of mind over matter. The will, when stimulated by a desire to achieve, and encouraged by a belief that is the fulfillment of a hope, always has exerted, and always will exert a great influence on the sick and the well. This influence of the mind is no new discovery. Its influence on the sick has been recognized ever since the art and science of medicine have battled with disease and death. The fact of its influence has been borne in mind in all classes of cases ever since the hand of progress swept the cobwebs of superstition from the greatest and grandest of sciences. But a line has always been drawn, beyond which the force of will could effect nothing. Nobody with any knowledge at all of the laws governing causes and effect, will for a moment allow his cool judgment to waver from known facts, because, forsooth, apparent effects are ascribed to a successful violation of laws that are known to be inviolable. In the centuries long since numbered with the past, when medicine was closely allied with, and obscured by religion, and the spiritual consoler was also a medical adviser, there was a glamour of mystery thrown around the prac-

tice of the medical art, that really is not yet dispelled. In those days offended deities were supposed to cause the scourges that devastated cities and decimated countries.

It was only when reason began to look for the cause of the effect that bad sanitary regulations exonerated the deities and showed a way to curtail the plagues of early times. So effects which we know to be simply the natural results of causes known and recognized, are viewed by the laity with an amount of superstitious awe that is surprising. For this reason, quacks and charlatans find everywhere, among the learned and unlearned alike, willing victims.

In fact, so grounded is superstition in the popular mind, that the more mysterious and unreasonable the claims made, the more surely do the fish bite. Quackery has kept step with the progress of events, until it has finally been deemed advisable to throttle it by legal enactments in some of the states. Placed under this ban, it ever and anon manifests itself in new forms, but always with the one object in view, namely, to secure the golden fleece. A class of quacks to which a few words may be devoted, now claiming public attention and calling for public recognition, embraces the more harmless herd, who are cranks pure and simple. They are generally mentally unbalanced. They are intellectual nine-spots, being neither high nor low, and not counting for game. In the last few years a mild form of charlatanism, originated by these dishonest medical camp-followers, has become more or less popular among superstitious people, the same taking the name "faith cure." It is in its scope nothing more nor less than quackery, since it pretends to effect cures by the use of only one of the necessary accompaniments of successful treatment; but in order that the true condition of affairs may not appear, a name is assumed that is intended to divert the police regulation it deserves.

This practice, it is further attempted, to remove from the domain of quacks by a claim that disease is cured without the use of drugs. Among the believers in, and expounders of, this new species of petty charlatanism is a large preponderance of hysterical women and hypochondrical men. The faith cure theory is this: if you have faith and will it, you can walk or do any other previous physical impossibility. This is made and carried out without any reference at all to the causes that abridged the movements, or produced the trouble, or that may at the time of

operating, be acting. The paralyzed are undertaken in this scoop-net for victims, just the same as the pretenders who lie abed for years, and then get notoriety by doing pedestrian exercise worthy of a professional. Really this faith cure idiocy has not a single intellectual stone in its foundation. It is built on a falsehood pure and simple, and is braced up by false assurances, made without any knowledge of the laws governing the operations of nature. Those who understand the laws governing physical movements and the operations of the human machinery in health and disease, and who recognize the necessity of such knowledge in order that some system of operation may be observed, need only to be told of the claims of the faith cures to disallow them. But the laity, the people who rather enjoy being humbugged, say of us, "Of course the doctors are opposed to the faith healers, for they interfere with their practice. Why don't doctors explain these cures that we read about?" And that is just what medical men should do. That is the way to show the people that the methods of impostors are not denounced because they interfere with us in a business sense, but because we, who should know the genuine from the spurious, do not propose to let any camp-followers, be they little or big, crawl under the tent when there is an entrance where the only passport required is prescribed by the reputable medical colleges of the land. People in cities and towns everywhere pay police officers for hunting out thieves and shop-lifters and tramps and law-breakers generally, and it is manifestly the duty of doctors to root out the intellectual counterfeits in their ranks, just as it is for lawyers to oust shysters, and the clergy to heave overboard the black sheep in their respective callings. The stream that does not purify itself soon becomes foul, and it offends the nostrils of all men. To protest the stream of honest medical practice, it behooves us not only to keep the channel clear by careful control of the streams that flow in, but also to look to the horde of vicious little imps who line the banks and throw filth into the stream, escaping detection meantime by their smallness, and fleetness of foot. I believe in meeting our traducers and maligners with drawn swords. We have established a standard, and in that intellectual scale-pan every package should be placed. We owe this course to ourselves no less than to the people, who are not able to distinguish the spurious by the methods that know no failure. If then there is any discovery or appliance in the hands of the unbalanced, let us adopt it.

Let us not denounce what we do not understand, nor taboo what does not originate in our own ranks. Let us examine the new claimants for public recognition, and if their claims are not worthy of consideration, little time need be lost in making the discovery. It is only by encouraging habits of inquiry and by attention to all the details that the spurious may be detected. This course is too often not pursued. If it were, the published accounts of the miraculous cures would at least lose the never missing statement that the medical men were all stumped by the faith healer's achievements.

The medical men who are carried away by the apparently miraculous cures, and are led into the compromising position of admitting that the cure is very little short of a miracle, fail to see that in that admission they exhibit an amount of ignorance, not only of the disease claimed to be cured, but also of the recognized modes of treatment that is no great credit to the protector of the health of a community. The only sensible course is to investigate these cures before you go into the *legerdemain* business, or think of medical sleight-of-hand. Where do the cures come from? What class of people furnish the subjects? Do the cases in which so-called faith healers shine forth as miracle workers come from all grades of society, as do the cases we meet in our daily practice? Very little investigation will be needed to show that such is not the case. Before your investigation has gone far you will learn that the great bulk of cures are made in the ranks either of hysterical females of an extremely religious turn of mind, or else in the ranks of cranky men—the soft, emotional lot who do strange and unnatural things at times of great excitement. From these classes faith cures are garnered. Bed-ridden women are a crop that is perennial. Here's a field that always brings forth an hundred fold. Under the mysterious and awe-inspiring pantomime of the "healer" these people are liable to do almost anything—especially if there is not much to prevent them.

A case that came under my observation will suffice to explain the kind of cases the faith healers win their fame on. A woman of a very hysterical turn had been known in the community for fifteen years as an invalid, and a bed-ridden one at that. She was said to have not walked in fifteen years that number of steps. Nobody knew why she could not walk, but she did not walk, and therefore she could not. She was sick from time to time, used narcotics to excess, and tried all the patent medi-

cines she could get. Her husband felt the weight of constant outlay, and very likely spoke of the matter in terms easily understood. At any rate the domestic machinery ran with more friction than usual, and one afternoon she wrote out a statement to the effect that she was going to drown herself in the river, and on another slip of paper she made her adieus to friends, being especially voluble and pathetic in referring to a favorite lap-dog of low ancestry. That night she got up out of bed, walked four or five blocks, got lost in a raspberry lot, lay down and slept for several hours, and was not found until next day noon. Aside from a slight cold, she suffered no inconvenience from her ramble, and is now, and has been, able to walk without apparent discomfort. This would have been a bonanza for the faith healers. She would have furnished a case for them that in cold type would have been heralded all over the country as a nineteenth century stumper on the doctors! Her prototype is to be found in almost every community.

What is the faith cure treatment? It is claimed to be a mental seance, whereby disease will by some sudden and mysterious hocus pocus vanish, and the diseased or affected parts will be restored to a natural condition. This theory, when shorn of its mystifying deception, is the thinnest kind of quackery. Since the enactment of stringent laws whereby the horde of vultures who rob victims of health and cash at one and the same time by methods, compared with which burglary is genteel employment, faith cure and other little devices to escape detection are resorted to in order to keep in business. The latest device, and the most contemptible, is labelled Christian Science, and the exponents of this new bit of deception are denominated Christian Scientists. Shorn of its religious veneering, it is idiocy pure and simple. This new plan for side-tracking the law relating to medical practice is not materially different from the other plan. Why Christian Scientist it would be hard to tell. So far as their claims to recognition by religious bodies go, we can have no interest. That an aggregation of falsifiers and sneaks will reflect no credit on any system of religion, goes without saying. That no outspoken denunciation of these impostors has come from any of the many religious bodies, would rather indicate that the first half of the name furnishes the passport to reputable membership. However this may be, what we are interested in is that these spurious intellectual Lilliputians propose to invade our domain and erect on our foundation a super-

structure that is rotten. Neither do we intend that the name Scientist shall be appropriated by any congregation of long-haired men and short-haired women who aim to evade a law by a system of deception far more despicable than open defiance.

Scientists are men of science. Science knows nothing of the miraculous. Do these alleged Christian Scientists pretend to explain the *modus operandi* of their cures by any known scientific laws? Not at all. The name is adopted in the first half to carry with it the belief that it is in the line of miraculous events, and if possible to thereby enlist the religious organizations to stand sponsor, whereby the strong arm of law may not clutch the charlatans. In the second half the name is assumed to give the proceedings a sort of scientific footing. Not that there is any part of the proceedings that even smacks of science, unless it might be in the extortion of fees. Among the new converts are not a few M. D.'s. In a land where the title means just what it says, this fact would be somewhat significant. In our land it only shows that our college system needs attending to. The few converts to this craze whom I have met were men whose general information was not far removed from commonplace, and their knowledge of medicine, or the theories of diseases and their cure very attenuated. The great majority of the aggregation know nothing at all about the human body, and indeed it is not held necessary in their curriculum that a knowledge of anatomy, physiology, or even the simple laws of hygiene be understood. Such, then, is the Christian Scientist. He is a healer who works through mysterious ways. His theory is nothing, for he has none. His treatment is nonsensical, his cures are effected among a class who are not evenly balanced. The recent refusal by a St. Louis judge of a petition of incorporation to establish a local institute, wherein it was desired to teach and test the doctrines of Christian Science, would indicate that the true estimate is placed on these mountebanks by the wise jurists.

What, then, should be the course of the medical fraternity in dealing with these and allied shams? Clearly it is their duty to see that all such should be made to feel the weight of the law. The true physician is a philosopher—a lover of wisdom. He aims to use all the legitimate means at his command, to cure disease and prevent suffering. His mission is one of mercy, and his calling a progressive one. So long as the science and art of medicine are not exact sciences, in the sense that given causes

always produce known and certain results since no two physical organisms being exactly alike, no two causes will produce exactly the same effect, there will always be opportunity for study and improvement. With the constant and varying changes in the habits of people, and the modes of dress and all other caprices of fashion and folly, disease manifests itself in new forms and the progressive live physician must needs be alert in order that the new discoveries not only in the means but also in the new modes of employing known remedies, may find their earliest possible employment. The life of a physician being then a constant labor in the realm of progress, it is only proper that he should investigate every theory that carries with it the stamp of common sense and whatever of good it may contain should be adopted. "Truth is truth, whether found, on Christian or on heathen ground." To decry the belief of others simply because we do not understand or cannot explain the theory, is neither complimentary nor magnanimous to the fairness and judgment of any one. Therefore to condemn the doctrine of the alleged Christian Scientists, without first examining their theory, is about as bad as to run up the flag of surprise at the reported cures without first investigating the facts in the case. But the trouble with the investigation of these alleged cures is that the healers have no theory, they have no plan of operation that does not side-track common sense. They say in one case that faith did it. Faith in what? Faith in the performance of a miracle, faith in the working of an unnatural thing. The spurious scientist attributes the result to an intimate convention of minds—a sort of mental fisticuff, whereby the disease is knocked out in approved style. Running through the whole plan is a studied determination to obscure the proceedings as much as possible by making the results appear to border on the miraculous. So to the dishonest claims of a power of curing disease by the use of a scientific means, they add the contemptible cowardice of imputing to supernatural agency a result they want the world to believe is effected by means secured by an intimate acquaintance with science. The faith cure doctrine stands out as a theory which is destitute *in toto* of all honest claims to respectful consideration. Both the theories lack in honesty, they lack in truth, and they possess not one single element to redeem them in the eyes of impartial investigators. Their cures are effected among a class whose mental equilibrium is not adjusted with care. When care-

fully sifted, the cures will generally be found to be of the hysterio-religious character, and the marvelous and miraculous when united will generally be found to be only sensational. The laity will continue to be mystified by this medical sleight-of-hand, but let not the profession be carried off their intellectual feet by the idle claims of weak impostors. Let us not fail to class these new quacks with the more courageous ones whom the laws of the land are fast throttling. If the legal sieves will not catch such small refuse, it is high time that the meshes be tightened.

“MECHANICO-THERAPY” IN HIP AND OTHER ALLIED JOINT DISEASES, WITH SERIES OF ORIGINAL INSTRUMENTS.

BY A. J. CRAWFORD, M. D., DES MOINES, IOWA.

(Continued from page 364.)

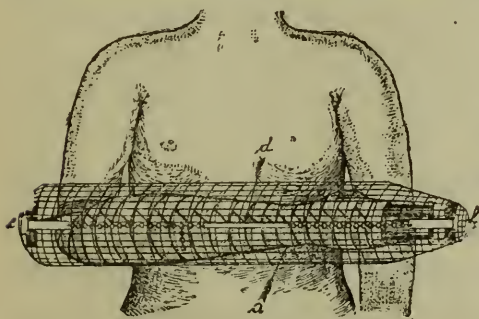
On the twentieth day of October, 1886, Mrs. C. presented herself at my clinic with a disease of the wrist joint. The subjective history was as follows: She had recently returned from a western city, where she was employed as a waiter in a restaurant. The service required her to carry a large sized waiter loaded with heavy dishes, with the arm uplifted and the hand bent backward at a right angle with the forearm (extreme extension), the usual position practiced in such service.

Not being accustomed to carrying heavy articles with the hand in this unnatural position, after a few days the wrist joint began paining her, also swelling appeared, and in a short time she was obliged to abandon her work and seek the advice of a physician. The doctor informed her that she had erysipelas, and forthwith applied tr. iodine, regarding it probably as the most available adjuvant in doubtful cases, and continued it with a precision that could only be exceeded by its doubtful utility. The swelling and pain became extreme in character, and could not be controlled by the administration of large doses of opiates. For four weeks previous to the time she consulted me, the trouble increased in severity.

Upon examination, the following objective symptoms were present: Right hand very much swollen, including the fingers, and extending back several inches from the radio-carpel articulation. There was very marked redness and local elevation of temperature. Immobility was almost complete, manipulation located the trouble within the radio-carpel articulation, and any movement or pressure extended directly to the joint was responded to by the patient in a most decided manner. Considerable reflex muscular contraction existed (particularly of the flexors), which rendered the pain paroxysmal in character. The periarticular structures were much swollen and edematous, with, however, no tendency to break down. By grasping the forearm with one hand and gently taking up the hand with the other and making gradual, firm manual traction in the line of the forearm, it reduced the pain to a most remarkable degree, and was more appreciable by removing the traction and witnessing the instantaneous muscular spasm excited thereby, accompanied by the most intense pain. Satisfied that a synovitis existed, I advised and directed my attention to the mechanical treatment of the structures involved.

Regarding circumferential pressure a potent factor for the rapid subduction of reflex muscular spasm in joint disease, I applied an ordinary roller bandage evenly to the hand, extending it well up to the elbow. This application, with large doses of opiates, rendered the patient comfortable only to a very limited extent.

I had an instrument constructed at once to fit the patient's arm, after the model of my "combined splint and extension apparatus," for the



radio-carpel articulation, as represented in the accompanying cut. The main portion of the splint is made from galvanized wire of medium weight and the one-fourth inch mesh. It is quite malleable and is constructed to the contour of the arm and hand, reaching from the elbow to about two inches

beyond the ends of the fingers, and encircling about two-thirds of the arm longitudinally; this being neatly padded, makes an admirable support for the diseased limb.*

* NOTE.—The above splint is considerably exaggerated and rotated upon the arm in order to show more perfectly the mechanism of extension incorporated in it.

At each end of the splint, about two inches beyond the tips of the fingers and the olecranon at the elbow, at the point B and C, is incorporated a friction pulley, one inch in diameter and wide enough to receive a strong strip of leather three-fourths of an inch in width. This completes the apparatus to a point preparatory to the application of the principle of extension.

Extension is accomplished in the following manner: Strips of strong adhesive plaster, corresponding to the width of the fingers respectively passing down upon both palmar and dorsal surface to the carpo-metocarpel junction. The strips are continuous from one side to the other, and doubled at the end of the fingers, passing over a light transverse bar corresponding to the width of the hand, the same relative tension being applied to the fingers, which maintain the transverse bar in its proper position. The strips are then thoroughly reinforced by diagonal strips of plaster being carried over the hand, securing even tension at all points. The point of counter extension is secured by taking a strip of adhesive plaster two inches wide, applying it to the radial surface of the arm with the hand supinated, carrying it back and passing behind the olecranon and continuing on the ulnar surface to a point opposite the beginning, leaving it looped at the olecranon, to receive a strip similar to the one at the end of the fingers. To complete the dressing, circumferential pressure is evenly applied, which also aids to more firmly secure the plasters.

With this preparation the arm is placed in the splint, as represented in the cut. Elastic linear traction is accomplished by passing the leather strips from the transverse bar at the end of the fingers and the loop at the olecranon over their respective pulleys at the points B and C, and taken up by a small light weight chain at each extremity and carried to a point near the center of the splint (on the outside), where there is a section of elastic tubing incorporated, uniting and completing the circuit at point D. The section of tubing is provided with a hook at each end and has a resistance strong enough to suspend three pounds avoirdupois, with one inch extension. This completes the mechanism of the apparatus.

The point of extension being taken anterior to the diseased articulation, and the point of counter-extension, from the forearm posterior, to the same, it is carried over the pulleys and attached to the elastic, and

by taking up the chain, link by link, any amount of extension can be procured.

By thus bringing the joint into the circuit, elastic linear traction is effectually secured while the arm is supported in the splint.

With a few turns of the roller bandage applied around the arm and splint, it is thoroughly secured and retained in position.

The elbow joint is not compromised by the apparatus in the least; perfect freedom of motion is enjoyed, permitting the forearm to be placed in any position without interfering with the extension feature of the apparatus.

I will now, after this detailed description of the apparatus, return to my patient. After two days interval, the pain was but little abated, and although she had taken several one-fourth gr. pills of morphia through the night, yet she was not able to procure sleep.

The apparatus, as shown above and described, was applied to her arm, and was no sooner properly adjusted than immediate relief from pain was experienced; a transition so sudden as to be hardly credible.

That it was a verity I was satisfied, for by detaching the elastic and removing the traction, without the patient's knowledge, a paroxysm of pain was instantly generated that was markedly pronounced, and with all the facial contortions to bear witness of its genuineness.

The amount of tension applied was governed by the sense of comfort on the part of the patient. About six pounds tension in her case was sufficient to control the pain completely.

The instrument was worn by the patient for five weeks without removing the adhesive dressing. Rapid reduction of all inflammatory action, both peri- and intra-articular, followed the application of the apparatus. The extension was removed on two or three occasions without my direction; but the "joint sense" being superior in quality to that of the patient's, required its immediate reapplication.

The general result in the case was good. When I last saw the patient, motion at the radio-carpel joint was fully restored except rotation, which was limited to a slight degree only.

To recapitulate, the principal features claimed for this instrument are:

1. The apparatus is light, cool, and subserves the office of an admirable splint.
2. It combines the principle of elastic linear traction.

3. The extension is continuous in character, and of a quality most favorable for subduing the "mutual pressure" existing in acute joint diseases.

4. Passive motion can be practiced with instrument intact.

5. It is not irksome to the patient.

To be continued.

REPORTS OF CASES.

NERVE STRETCHING, WITH A CASE.

BY LEWIS SCHOOLER, M. D., DES MOINES, IOWA.

Barney B., Aet. 49, Prussian by birth, occupation coal miner, family history good, has always enjoyed good health with the exception of having had Mountain fever several years ago, was seen by me in consultation with Dr. L. L. Porter of this city, whose patient he was for several months.

He had been treated by other physicians before coming under Dr. Porter's care, for sciatica of the right limb. The diagnosis was correct, but the treatment had been of no avail up to this date, Dec., '85. From that time until April 7th, '86, Dr. Porter treated him constantly, but in spite of all his efforts and everything that I could suggest, his ailment not only continued but steadily became worse. Morphia hypodermically in large doses was the only drug that would give even temporary relief; his sufferings were so intense that as we afterward learned he had contemplated seeking relief at the bottom of the river. On the date above mentioned, I cut down upon and stretched the sciatic nerve. The incision was made parallel with the nerve, the upper end of the incision beginning at the lower margin of gluteus maximus muscle and extending downward about four inches.

The tissues were divided with the knife down to the nerve; the handle

of the scalpel and fingers of the operator were not used to divide or tear apart the tissues.

This procedure was adopted with the view of securing union of the edges of the wound by first intention, and with what success the sequel will show. When the nerve was reached and the hemorrhage checked, (which was very slight) the index finger of the right hand was gently passed beneath the nerve and sufficient force exerted to lift the leg almost clear of the table, then a firm hold was taken on the nerve and the upper portion was forcibly drawn upon until a distinct yielding or elongation could be both seen and felt. This was repeated four or five times, when the nerve was replaced in the wound, the wound cleansed and the edges united with silk sutures, except at the lower angle, where a small opening was left to allow the serum to escape. The wound healed by first intention throughout the entire extent except the lower portion, where it was purposely left open. At that point there was a very small amount of pus secreted; the patient was up walking about the house in five days. The relief from the sciatica was immediate, and has continued so notwithstanding the patient has worked in the mines and at building fence, where it was necessary to wade in the water up to the knees.

Nothing resembling the old pain has been felt since. On one or two occasions he has had a slight pain in the heel, which may or may not have been due to some other cause. Esmarch's bandage was not used, and no difficulty was experienced on account of hemorrhage.

Ether was the anaesthetic used, and nothing approaching an arrest of the heart was noticed at the moment the nerve was stretched; in fact, no reflex excitement was perceptible. I was ably assisted by Drs. L. L. Porter and Geo. Sloan of this city, as well as Drs. E. E. McClelland and W. B. Callender, now of Nebraska.

Nerve stretching is not a new operation, and the reports of cases are by no means meagre, but as many have been reported at such an early period after the operation, our statistics are not as valuable upon this operation as they should be, many of the cases, no doubt, recurring sooner or later, although reported as cured. I have waited twenty months before venturing to report this case as cured, and although time may prove that I have not waited long enough, I feel certain that twenty months relief from such pain as this patient suffered and had suffered for more than two years, would be sufficient justification for an operation, especially one in which there is no more danger to life than there is in

this. I am aware that all operations have not proved successful, and that troublesome suppuration of the wound has occurred. Cases of this kind, I think, can be avoided largely, at least, by making a clean incision down to the nerve, avoiding any tearing or bruising of the tissues whatever, and by carefully cleansing the wound before closing it. The best place for making the incision is probably over the most superficial portion of the nerve, though Blum advises making it as near the apparent origin of the difficulty as possible, and Gillette believes in keeping away from the spinal chord as far as possible. Either of these methods doubtless possesses advantages in different cases; frequently the pain is more severe behind the trochanter and at the sacro sciatic notch. Again in other cases, it is more severe in the calf of the leg or even in the outer side of the dorsum of the foot. In either event, I think that stretching the peripheral extremity has little, if any effect upon the disease; all force should be applied with the intention of stretching from above downward, or from the spinal centre. The rheumatic form is nearly always cured by this operation. Where rheumatism is present there has always been an inflammation with adhesion of the sheath to the substance of the nerve. Stretching breaks up the adhesions and has the effect of a counter irritant. In the above case, changes of the weather had a very marked effect upon the intensity of the pain. Although it was always present, it was decidedly worse during inclement weather. Where the pain is clearly neuralgic, the operation is less effective in the majority of cases, and yet, many cases are not only relieved by it but some are really cured. Hence, I believe in all obstinate cases the operation is indicated, as it perhaps alters the nutrition of the nerve and thereby brings about a healthy action that can be obtained in no other way.

CLINICAL REPORTS.

REPORT OF SURGICAL CLINICS, MEDICAL DEPARTMENT, STATE UNIVERSITY OF IOWA.

W. F. PECK, *Professor.*

R. W. HILL, *Assistant.*

A. L. HAGEBOECK, *Reporter.*

IOWA CITY, October 13, 1887.

SELECTED CASES—OCTOBER 7. •

Case 1.—J. J. K., male, aet. 38, farmer, married. Two years ago patient had noticed a small spot on left side of lower lip, which was constantly dry and slightly itching. He appeared before our clinic last February, but showed none of the symptoms peculiar to cancer. This spring he had the dry spot removed by operation of local surgeon, and very soon after an ulcerating sore made its appearance on the mucous membrane inside of the lip. The glands of his neck on the left side soon became enlarged and showed unmistakable signs of cancer.

Several months ago Prof. Peck removed the cervical glands, excising all that could be found in the vicinity. The ulcer on the lip was also thoroughly removed, an abundance of healthy tissue around being cut away to insure a complete extirpation. The cellular tissue was loosened from the inf. maxillary to secure sufficient skin for convenient size of his mouth. He now appears again—the ulcer on his lower lip when operated before had been exclusively on the inner side of the lip confronting the teeth, but now the growth is in the traumatic fissure outside and has the everted characteristic, cancerous condition and appearance. The glands on the left lower maxillary side show the induration and softness, and he feels the sharp shooting pains peculiar to cancer. Although the operation was as comprehensive as possible, not a shred of suspicious tissue being left, we have recurrence, showing conclusively that cancer, though primarily a local disease, may soon become constitutional, in which cases operations are of but little aid in prolonging life. Why did we not remove the small spot last February? It showed none of the symptoms which would have justified such a course; it had not been progressive for

two years, and the most careful diagnosis failed to warrant the application of the term cancer to the trouble. The patient now comes again for relief, which, alas, we cannot give him. His life will probably be longer without our interference, operatively, yet for local application, to secure temporary relief, we may prescribe:

R

Hydrarg. Oxide Flav.

M. Petrolati

Ft. Unguentum

gr. xxx
ounce i.

.... Sig. Apply daily.

Case 4.—F. C., female, aet. 23, single, American. Family history pretty good, although tuberculosis prevailed among her maternal ancestry. Nine years ago the patient while throwing apples with her left hand "sprained" her left shoulder, probably dislocating the humerus from the glenoid cavity. Two weeks afterward she was taken with a severe fever, and since then the arm has been immovable at both shoulder and elbow, though normally mobile at the other joints. Three months later it became necessary to lance an abscess which had formed just below the shoulder, and on the escape of pus, the pains she had been having greatly decreased. Since then there has been constant discharge from the opening made and soon another discharging orifice appeared on the internal surface of the arm, just below the axilla. On examination by probe the dead bone is easily detected. The periosteum had become separated from a slight portion of bone and gave rise to starvation and death of that portion. This dead bone remaining in place acted as a foreign body and an irritant causing the separation of more periosteum, and hence more necrosis. Nature attempts to get rid of this irritant by decomposition and discharge in the form of pus, but owing to the progressive character of the case, cannot, unaided, effect a cure. We assist her efforts by removing the obnoxious substance so she may have an opportunity to act freely.

An incision was made on the external side of the arm two inches long, and another on the axillary side somewhat longer. Dissection between the muscles brought the bone into view and showed osteomyelitis from the middle of the shaft upwards to the inside of the head of the humerus which had resulted in necrosis. All the pathological tissue was removed, leaving some peripheral periosteum and bone as basis for reproduction. After thorough cleansing, all the chips of bone being carefully taken out, the wound was packed with old muslin, saturated with iodoform and bandaged.

The osseous ankylosis of the elbow will receive attention and will probably be broken when she has recruited sufficiently for this operation.

OCTOBER 14, 1887.

Case 8.—Mrs. K., aet. 39, Bohemian. Four years ago this lady was operated for ovarian tumor, the conditions at the time being very unfavorable to her recovery, yet after three weeks she walked. She now has a copper-colored swelling in the hypogastric region, indicating tumor in her abdomen—slightly to the left of the median line and a little above the symphysis pubis. It is as large as a child's head, club-shaped and prominent, and is the seat of intense and continual pains. It feels hard on pressure, but shows fluid contents in some locations on palpitation. For six months this growth has been coming, and since then she has had no menses. The uterus is small and freely movable, hence is probably not complicated. No promises can be made, nor can a positive diagnosis be established without an exploratory operation.

The patient and her relatives having consented to an operation, though told that the chances were largely against her, Prof. Peck undertook the case. An incision was made in the median line of the abdomen, commencing at the navel and extending downward four inches. The already degenerate, softening integument and fasciæ having been divided, the peritoneum was exposed, a director introduced beneath it, and the peritoneum cut as far as was necessary to get at the tumor. By means of a trocar the syrupy, reddish chocolate-colored fluid, contents of the cyst, were withdrawn, about two quarts being obtained. After this evacuation the entire multiple cystic tumor was elevated so as to expose its attachments to view. Numerous strong adhesions to the intestines were found—these were torn loose, and a large sarcomatous fibro cystic growth existed above, involving the base of the cyst and the walls of the stomach and intestines. There were several rather firm adhesions which had to be tied and cut; the pedicle was then securely tied and severed and allowed to recede. The sarcomatous growth irregularly, egg-shaped and about four inches in major axis, was next exsected and with it a round portion, an inch in diameter was taken out of the gastric walls with the mass. This part of the stomach was already so ulcerated that it must have opened very soon. The cyst itself showed numerous sarcomatous deposits and the entire abdominal cavity seemed more or less affected; it

emitted a most offensive foetid odor. The gastric fistula was now closed with sutures of fine antiseptic silk placed one-fourth inch apart. In the process of breaking up the adhesions, the peritoneum became separated from the abdominal walls slightly—this was now stitched into place by sutures extending through the skin and tied outside. The entire wound was now thoroughly cleansed and after all bleeding had ceased the abdominal walls were brought together and held in place by four silver pins. Figure of eight ligatures, and superficial stitches between them, completely closed the cavity. Iodoform was sprinkled over the wound, cotton dressing and a bandage applied and the patient removed to her room. Hypodermic injections of whisky every fifteen minutes failed to make her rally, and she died at six P. M., a little more than three hours after the operation.

CLINIC No. 2.—OCTOBER 14, 1887.

Case 16.—E. H., male, aet. 26. Family history good and health previously has been fair. In December, 1885, his face began swelling, and beginning as a small prominence below and an inch in front of his right ear, the ramus of his lower jaw and some of the upper part of the body enlarged, causing considerable pain, though not continual. A discharging orifice was soon found in his mouth about at the location of the last molar, which has not yet appeared. The swelling is now in the inferior maxilla, right side, about at the angle, and was probably caused by deflection of the last molar in its growth. Instead of coming out through the alveolar process it grew sideways, causing by its pressure inflammation in the cancellous tissue of the bone. The sinus formed by nature for relief is too small for the discharge of all the decomposition which has gone on there—hence, his pains—and the tooth will probably be entirely decayed. Introducing a silver probe, it becomes covered by a black sulphide, due to the sulphuretted hydrogen, set free there by the decay. The foreign matter must be removed to prevent progressive decay, hence an opening two inches long was made along the lower border of the lower jaw, from the angle forwards. Dissection then exposed the ramus and this was chiseled so that the cavity was opened. By means of a curette the entire cavity was cleaned, the walls thoroughly scraped, and the very much decomposed contents syringed out. The cavity was next filled with muslin and iodoform packing, the incision partly sewed so as to leave room for drainage, and bandaged.

Case 14.—P. G., male, aet. 62. Five years ago he had a large swelling on the right side of his neck; resulting, he thinks, from a severe cold. After a few weeks it left spontaneously and eight weeks ago it reappeared. His family history is good, and as his health has always been excellent, his only trouble being coryza, the ætiology cannot be well established. The tumor is immovable, hard and hot—extending from the mastoid process down nearly to the clavicle and forwards to the median line, bounded behind by the sternocleido mastoid. After careful examination fluid was detected and a trocar introduced. About six ounces of yellow viscous fluid came forth in a jet, showing the great pressure it was kept under by the cervical fascia. After tapping a director was substituted for the canula, the cyst then cut open and packed with iodoform muslin. In about two days the packing will be removed and balsam Peru dressing used.

NOVEMBER 9, 1887.

Case 21.—J. D., aet. 19 mo. Family history shows scrofulous taints, and when the child was nine days old a small soft swelling was noticed on the angle of the lower jaw at the right side. It soon grew fast and is now as large as an orange, situated in the submaxillary triangle. It presents a copper-colored naevus at its most prominent point as large as a half dollar, and in the center of this is a smaller scab. On examination the tumor is found to be soft though not cystic, movable, warm and can be reduced in size by pressure, but regains its normal size and shape when relieved. There is little pain connected with it and it is probably congenital in its origin. We diagnose it a vascular tumor, or angioma, and unless it be removed it will continue to enlarge, cause great suffering and ultimately death.

An operation being requested by the parents, a longitudinal incision two inches in length was made over the tumor and behind the neavus.

The integument was then dissected off and the many vessels which were necessarily cut, since the tumor was almost nothing but blood vessels, were tied. The Professor then dissected out all the parts from between the muscles and fasciæ, going down on to the carotid artery and the parotid gland. The supply vessels were next secured, these being tied—and the tumor removed.

The integument containing the naevus was also exsected and the edges of the wound trimmed. The cavity was thoroughly cleansed with

hydronaphthol water, and after all hemorrhage had ceased it was packed with iodoform muslin. The integument was now sewed up, a sufficient opening for drainage of course left, and bandages applied. The child wrapped in warm blankets recovered nicely from the shock and is now doing well.

Case 24.—Mrs. ———, aet. 28., ovariectomy. Patient was comparatively well until present trouble, an ovarian tumor, which began about two or three years ago.

At present she is in tolerable health, though there is rather more obesity than would make the most favorable conditions for an operation of such severity. A spare patient is generally more apt to obtain a good result. Her abdomen is immensely swollen and fluctuation marked. After etherising, an incision $4\frac{1}{2}$ inches long was made through the skin in the median line—down from an inch below the umbilicus. After cutting through an inch of adipose the inner fasciæ were exposed and separated. A director being introduced under the peritoneum, this was cut to the same extent as the external opening; then a sound previously warmed was passed between the cyst and the peritoneum to break up the slight adhesions. The cyst being now exposed, was tapped, and several quarts of a greenish serous fluid was drawn off by a trocar and tube, not a drop being spilled into the abdomen. The multilocular cyst was now empty and drawn out and its short soft pedicle secured by a Keith's clamp. By means of actual cautery (copper soldering irons heated to a dull red by gasoline) the pedicle was burnt; beginning an inch above the clamp the tissues were heated first and then gradually charred and burnt off, so that the largest possible clot would form in the stump. On removing the clamp it was, however, necessary to tie the pedicle, as a slight amount of hemorrhage was detected. The abdominal cavity, into which hardly a drop of blood had escaped, was then cleaned by specially prepared sponges and the walls closed by silver pins and fig. 8 ligatures—the pins passing through the peritoneum so as to bring the two sides in contact. Superficial stitches closed the skin and iodoform. Cotton and a flannel bandage completed the operation. Patient recovered nicely from the shock.

SOCIETY REPORTS.

CENTRAL DISTRICT MEDICAL ASSOCIATION.

The regular semi-annual meeting of this society was held at Ames, Dec. 20th, 1887, 6 P. M.

The meeting was called to order by the President, Dr. Williams. Officers and members present as follows: R. R. Williams, President; A. A. Deering, Secretary and Treasurer; A. L. Wright, H. D. Ensign, J. H. Lyons, D. S. Fairchild, E. B. Plumb, H. M. Templeton, N. C. Jones.

Owing to the very severe storm prevailing, the attendance at this meeting was small.

Dr. Ensign presented a very interesting case.

Drs. Fairchild, Wright and Lyons were appointed our Board of Censors.

The following gentlemen were elected members: A. Richmond, Ames; C. W. Allen, Story City; J. B. Tedrow, Williams; F. S. Smith, Nevada; J. A. Jeffrey, Nevada; H. D. Chamberlin, Nevada.

Dr. Fairchild read a very interesting paper on "Chronic Degenerative Nephritis." The discussion on this paper was quite general, and brought out many very interesting points.

A paper on "Peritonitis" by Dr. Templeton, was listened to with marked attention.

Dr. Lyons read an interesting paper on "Typhoid Fever," giving a history of cases treated with especial reference to the use of antipyretics.

The Secretary was instructed to appoint delegates to the American Medical Association.

The following members were elected delegates to the State Society: J. J. Deshler, T. J. Coveney, C. W. Allen, J. B. Tedrow, J. A. Jeffrey.

The following members were appointed to read papers at the next meeting: Drs. Schermerhorn, Richmond, Chamberlin, Sickler, Wright, Jones and Brookings.

Carroll was selected as the place for holding the June meeting.

Dr. Wright was appointed on committee of arrangements.

The case presented by Dr. Ensign was discussed and treatment advised.

The supper for the society was served by Mrs. Fairchild and Mrs. Plumb, and was one of the pleasant features of the meeting.

The society adjourned at 1 A. M., in time for members to take the night trains for home.

WHITEBREAST DISTRICT MEDICAL SOCIETY.

PLEASANTVILLE, IOWA, Dec. 26th, 1887.

Ed. Reporter:—A meeting of the medical men of Warren, Lucas, Monroe, Marion and Jasper counties was held in the city of Knoxville, Dec. 6th, for the purpose of organizing a District Medical Society, which resulted in the organization of the Whitebreast District Medical Society, with the following officers:

W. E. Wright of Knoxville, President.

W. L. Todd of Lucas county, H. M. Miner of Monroe county, J. D. McClerry of Warren county, J. R. Gorrell of Jasper county, N. R. Cornell of Marion county, Vice Presidents.

D. Jackson of Pleasantville, Secretary, and J. V. Brann of Knoxville, Treasurer.

Society adjourned to meet in the city of Chariton, Jan. 4th, 1888.

CORRESPONDENCE.

THE HAMILTON CASE EXPLAINED.

In answer to comment on an extract from the Dubuque *Telegraph*, published in a recent number of THE REPORTER, the names of Drs. Fowler and Staples were used in association with that of Dr. Hamilton. Dr. G. M. Staples writes, in substance, as follows:

"I can assure you that the appearance of my name, in the article in question, was quite a surprise to me. On the day preceding its appearance, while standing on the street in conversation, a reporter of the *Telegraph*, who has a *standing order* from me not to publish any pro-

fessional case, asked me if I was using the Bergeon Treatment for consumption, to which I responded in the affirmative. He then inquired, with what results? To this I answered, I have no opinion to give. This was the entire conversation. The reporter passed on and there was no indication nor thought in my mind that he was preparing an article for publication, and when the objectionable article appeared, I availed myself of the first opportunity to reprove the reporter."

The following extract is published because it shows Dr. Staples' position, and it corroborates the statements made by Dr. Hamilton:

"The manner in which the name of Dr. Hamilton and that of his patient, Mr. Lapham, was used yesterday in describing the Bergeon method of treating consumption, was without their authority, a statement it is proper to make inasmuch as our article yesterday was offensive to them. The reporter learned from other physicians that Drs. Staples, Hamilton and Fowler were using the Bergeon method, called on them, and received permission to use their names, from which he wrongly inferred that in Dr. Hamilton's case this implied his permission to use his description of his method of treatment and the name of Mr. Lapham."

"This explanation was written by the local editor of the *Telegraph*, and was not the explanation I wrote for him to publish. What I had written, he thought too denunciatory for him and substituted his own, which was never satisfactory to me, but which I allowed to pass, rather than to keep it longer before the public." (Hamilton.)

Extract from private letter published by permission:

"The article copied from the Dubuque *Telegraph*, in the June number of this journal, was so flagrant a violation of our code that it is not strange many were misled, and once getting an unfavorable impression, failed to be set right by the above explanation. The editor of THE REPORTER would doubtless have withheld from publication the offensive article, had he known of the prompt appearance of the said explanation. Myself and the other physicians mentioned in the article were equally in error in the violation of medical ethics by giving permission to be publicly named as employing a special treatment for persons affected with particular diseases. I freely and publicly acknowledge this unintentional error, and the manifest want of care which led to its commission.

" Respectfully yours,

" C. H. HAMILTON."

MORE ADVERTISING.

ACCIDENT.—On Sunday as Joseph McDermont was driving cattle near his home, in Washington township, the horse he was riding fell, breaking the *fistula* of his right leg just *below the ankle*, and spraining his ankle badly. Dr. Langan reduced the fracture. The sprain is the worst part of the accident, and may be the means of keeping him indoors for months.—*Lyons Advertiser, De Witt Correspondent, August 30th.*

QUACKERY IN COURT.

FROM A. ADY, M. D., MUSCATINE, IOWA.

In a case where a physician sues to collect a bill for medical services, the defendant sought to evade the payment of the same by setting up the plea that he had been salivated by plaintiff, in order to prove which, an old man and his two sons were summoned and examined as experts by the defendant.

The old man has been practicing more than 40 years and is supposed to have graduated from some penitentiary. The sons are graduates of the Bennett School of Chicago. They can both read when the reading is not too hard, and write enough to make the druggist understand, that they want somebody to take the fld. ext. of cotton root, sometimes making additions of *watter* or *shuger* to their prescriptions. The defendant had taken 24 gr. of calomel (which was worked off by castor oil turpentine) about 10th of August, and proved by them that he was salivated therefrom by the first of October following.

The old man testified on cross examination that calomel would salivate months or years after it was taken. Also that no other medicine except calomel and blue mass would salivate; that there was no disease that caused salivation. When asked if there was such a disease as *Cancrum Oris*, he said there was; that it affected the throat, and sometimes the mouth, but never the teeth nor the jaw-bones. When asked "What is the effect of mercurial salivation on the human system?" he answered

promptly that it *caused* the *worst kind* of syphilis. If such a statement was known to be true, a Syphilidermist might be led to believe, by looking at the old fellow, that he had not stuck strictly to Botanic principles in his own case, at any rate.

Son No. 1 swore upon cross examination, that there was no such thing known as spontaneous salivation, that no disease produced it—nothing but calomel or blue mass. He could not tell what calomel was made of, but knew that it operated as a cathartic, by its *weight*.

Son No. 2 was apparently very anxious to give his testimony, expecting doubtless to create a sensation. He was very positive that salivation never occurred except from the administration of calomel or blue mass. "Nothing else caused it;" said that "mercury and blue mass were both made from calomel." When asked what are the symptoms of mercurial salivation? answered, "It causes a flow of saliva from the salivary gland about the *neck* and *mesenteric* glands clear through." In answer to the question, "What is a sialagogue?" said "it was a drastic cathartic."

Notwithstanding the monumental ignorance of these boys, they have a large practice and during an epidemic of dysentery have been known to return a greater number of death cases monthly than *all the other 16 practitioners* in the city collectively.

But enough of this; it is a matter that your readers are not greatly interested in, and is mentioned to show the dealing of our State Examining Board with such worthies.

The writer of this had an interview with the honorable secretary of the Examining Board about the time or soon after they commenced their examinations, and asked him how an examination of such practitioners could be brought about. He was cited to Sec. 7 of the law regulating the practice of medicine and surgery in the State of Iowa, and told that all that was necessary to do was to have the leading physicians of the city sign a paper saying that they believed them incompetent to practice; that such a document would enable the Board to summons any practitioner before them for examination. It was then asked "will any other evidence be required?" the answer was "no, their examination will furnish the only evidence that will be wanted or can be taken in the case."

Such a paper was prepared and signed by all the practicing physicians of the city with two or three exceptions. We were then told that such a statement was all right and proper, but the Board could not act upon it

unless specific charges were made. Nobody being verdant enough to attempt trying their cases for them, and believing that such a decision was merely a subterfuge, the matter dropped, leaving a settled conviction upon our minds that there was no intention on the part of said Board to make an honest and faithful application of the law, one member at least knowing all the circumstances of the case, but could not do any thing without specific charges which they knew we would not take the trouble to present.

The impression stole over us that there was no intention of forcing any body to ventilate knowledge or their want of it. But a surprise awaited us! A professor in a regular medical school within the State was required to present himself before the august tribunal, that they might judge of his capability of ministering to human ills, and this scientific scholar and popular teacher was cited to appear upon the information of *two* men who could not or dare not allow their names to be known. "Oh, Consistency, thou art a jewel."

There might have been a little private spite to work off, and if so, probably that was sufficiently *specific*.

It is supposed that all laws are intended to benefit the subjects of them. But where it comes in for the regular practitioner of medicine or the protection of the public, is hard to see; on the contrary for the unprincipled charlatan it is a boon, and is apparently doing more for the encouragement of quackery than anything that has happened there within a decade. We have a class of practitioners whose only qualification is impudence who would not stand a ghost of a chance before any examining Board or at any regular medical college in the world. They can go to some shoddy school and with the expenditure of a little money and no train force to speak of, get a diploma which is acceptable, and forthwith they are legal practitioners of medicine and surgery. But the old fraud is the one dealt most leniently with. He is the worst pill in the box. He has been committing malpractice for the last 10 to 40 years, and could not now describe the difference between the femur and the rectum, and for his many misdeeds should have passed the major part of his life in the State's prison. The law allows him to go unchallenged simply for the reason that he is an old criminal. It seems to be specially fitted to the protection of such fellows. In this day of cheap medical schools and literature, where a man has been practicing from ten to

thirty years and yet too ignorant to pass an examination, it is about time he was placed on the retired list, or what would probably be better, appraised and shot.

Some long haired gamblers like Diamond Dick of the paste jewelry may have been scared away, but their places have been taken by the Kick-apoos. Faith healers, scientists and fools who fatten upon the credulity of greater fools, are in perfect security as far as the law is concerned.

STATE INSTITUTIONS.

IOWA HOSPITAL FOR THE INSANE AT INDEPENDENCE.

REPORT FOR SIX MONTHS ENDING DECEMBER 31, 1887.	M.	W.	T.
Remaining June 30, 1887...	462	360	822
Admitted during the six months.....	118	83	201
Returned from visit during the six months.....	15	13	28
Total under care during the six months.....	595	456	1051
Discharged during the six months.....	91	90	181
Daily average under care during the six months.....	466	350½	816½
Discharged recovered during the six months.....	20	21	41
Discharged improved during the six months.....	25	25	50
Discharged unimproved during the six months.....	17	13	30
Discharged died.....	20	15	35
Remaining December 31, 1887.....	470	341	811

GERSHOM H. HILL, *Superintendent.*

IOWA HOSPITAL FOR THE INSANE AT MT. PLEASANT.

REPORT FOR SIX MONTHS ENDING DECEMBER 31, 1887.	M.	W.	T.
Remaining June 30, 1887...	410	297	707
Admitted during the six months.....	106	76	182
Returned from visit during the six months.....	7	1	8
Total under care during the six months.....	523	374	897
Discharged during the six months.....	106	52	158
Daily average under care during the six months.....	413½	309½	723
Discharged recovered during the six months.....	47	27	74
Discharged improved during the six months.....	16	8	24
Discharged unimproved during the six months.....	25	6	31
Discharged died during the six months.....	18	11	29
Remaining, December 31, 1887.....	417	322	739

H. A. GILMAN, *Superintendent.*

TOTAL REPORT FOR BOTH HOSPITALS.

REPORT FOR THE SIX MONTHS ENDING DECEMBER 31, 1887.	M.	W.	T.
Remaining June 30, 1887.....	872	657	1529
Admitted during the six months.....	124	159	383
Returned from visit during the six months.....	22	14	36
Total under care during the six months.....	1118	830	1948
Discharged during the six months.....	197	142	239
Daily average under care during the six months.....	879½	660	1539½
Discharged recovered during the six months.....	67	48	115
Discharged improved during the six months.....	41	33	74
Discharged unimproved during the six months.....	42	19	61
Discharged died during the six months.....	38	26	64
Remaining, December 31, 1887.....	887	663	1550

EDITORIAL.

AN EXPLANATION.

To the patrons of the Reporter: The publication of the REPORTER has been unavoidably suspended. The cause has been wholly due to the ill health of the editor, who had the sole responsibility of both editor and publisher. Early last fall he received a warning that he must discontinue, at least, temporarily, some of the many self-imposed tasks. The detail work of the REPORTER has been carried on late at night, and in the "wee sma' hours". For a while he was obliged to discontinue all labor, and since, until the present time, has assumed only those duties requiring only a limited number of hours of day work. Feeling fully recovered it is with pleasure that he has again assumed the publication of the REPORTER. It is with many regrets that we are obliged to make this break in our publication at the time when our success was at its highest point since the first edition of the REPORTER. We trust our patrons will fully appreciate the cause and will continue their patronage. We should add that from our present experience, arrangements are being made whereby the REPORTER will be materially strengthened, and whereby the publication will not depend upon any one person.

MEDICAL LEGISLATION.

This is the biennial season for another dose, and we hope it will be lighter than the last. Numerous letters on this subject have been received, of inquiry and with information. From the latter we learn that adverse petitions are being signed, circulated by the nondescript medical element which from its character can find no school or party that will give it recognition, and hence its attacks. In some localities the "infected districts," properly so called by one who was actively interested in medical legislation two years ago, are showing the most stir. This information has been received from about twenty different localities.

There will undoubtedly be a strong effort made to repeal the law or so amend, that its effectiveness will be emasculated. The opposition have been continuously active during the past two years, and have gained strength, not by additional numbers, but by more concerted action, and their attack will be more vigorous than was their resistance. During the last two years, through his watchful care of the interest of the people, Governor Larrabee has discovered the benefit and protection already given the people through the efforts of the State Board of Examiners, and in his biennial address he warmly recommends substantial support of the Board of Examiners and that an amendment be made regulating medical schools by fixing a standard. This is a decided advancement, and if this interest was all the Board had accomplished, then their work would have been a success.

We have published many censures of the Board, communications and editorials. We still believe that our position was just, yet it is more than possible that had action been more vigorous a mistake would have been made somewhere that would have increased the prejudice that is rapidly dying out. We publish in this issue a similar communication, and we shall continue to do so from time to time as long as such communications are sent to us from reputable members of the profession, and while we may have reason again to censure, we shall never be unmindful of the good they have accomplished, and that it is easier to criticise and condemn than to perform.

If needed, the members of the profession should give their support, as they have done heretofore, to obtain such wise amendments as Governor Larrabee has recommended, and to resist the attack of the organized opposition. This organized opposition does not come wholly from the irregular nondescript men, who from their personal qualifications would be opposed to any law requiring preparation and qualifications, but from the general ignorance of the masses and from some of their better members, who upon medical and scientific subjects are ignorant, and thus, through misrepresentation and personal solicitation, are easily enlisted with the opposition. It is possible that there may be a very few members of the legislative body who will enlist themselves in the cause from other motives.

If there is any particular danger, those who had notices before may receive them again.

INSANITY IN IOWA.

The tables published in this number, showing the individual and total reports of the State Hospitals for the Insane, at Mt. Pleasant and Independence, contain an interesting lesson. We find the total admissions during six months to be 383, which, at the same ratio, would equal 766 per annum. Estimating the population of the State at one and three quarters millions, then, annually, one person in every 2,289 is admitted to one of these hospitals; that is, a per cent of .000,437 of the total population.

It has been estimated that the total number of insane would at least double these statistics, or that one, in every 1,145 of the population in Iowa becomes insane, annually. Examining the official reports of these hospitals for the year previous, we find that there has been a decrease of the per cent of the total number of patients admitted and treated, while there has been possibly an increase of two per cent in the population. This indicates a decrease of eight per cent in the number of new cases of insanity, in comparison with reports of a year ago. But, when we compare the reports of the last two years with the reports of the two years just preceding, we find that there is a total increase of eleven per cent of new cases of insanity, indicating that there is a steady increase. There is an unknown quantity with which it is possible to offset a part of this per cent of increase. It is this: the popular prejudice for a long time established against "Insane Asylums" is wearing away; the public having learned that the hospital is a place for treatment and care, and not an asylum for confinement, their prejudice is disappearing and a larger per cent of the insane present themselves, or are sent by their friends to the hospitals for treatment. There is undoubtedly a steady increase in the per cent of insane in the state in excess of the per cent of the increase of population, and as was shown by the biennial report of two years ago, that increase is largely among the native born. This increase of eleven per cent makes it the duty of the state to provide amply for the completion of the new hospital at Clarinda at the earliest possible date. After that, they should provide a separate place for the incurable, and more or less helpless, insane.

The medical profession have warmly, and at all times supported, by

their influence, the interests of the unfortunate insane. Undoubtedly, at the present time, they will use their influence among their acquaintances of the present legislative body to see that the appropriations needed for the completion of the Clarinda hospital are made amply sufficient to complete the hospital at the earliest possible date, and thereby furnish a place for the treatment of each person insane now uncared for.

In selecting the insane, one to every 2,289 yet to provide for, the medical profession will meet at the border line a class of people with a degree of responsibility that prevents their being classed as insane who have defective and unbalanced minds that properly classes them as cranks and fanatics. The number in this class is many times that of the insane, and it is from this class that many of our insane come. It is from this class the victims of charlatanism, the charlatan, the political quack and many other disturbing elements to prosperity, come.

The medical profession will find, here, a field for greater opportunities than in that of insanity.

In the next number will appear an article upon Fanaticism from a Medical Standpoint.

SELECTIONS.

PROPRIETARY MEDICINES—SHOULD PHYSICIANS PRE-SCRIBE AND RECOMMEND THEM.

(Editorial in St. Louis Medical and Surgical Journal, September, 1887.)

“Should the physician use in his daily practice a ‘proprietary’ medicine? Can he, as a reputable practitioner, recommend these preparations in his correspondence with medical journals, without lowering the dignity of his profession or making himself amenable to discipline for a violation of time-honored principles of medical ethics?”

These questions have been put to this journal, and perhaps to others, with the request that they be answered editorially, and while, as put, they are very broad, admitting of much latitude in replying, we think we but voice the general opinion of those who have given the subject any thought, in answering both of them, in a general way, in the affirmative.

The gist of the whole matter depends upon what is meant by the term "proprietary medicine." In its limited and best sense we understand by the term a remedy of which the ingredients and their proportions are made known to the profession, and the trade or proprietary name of which is alone protected by law. When such preparations are made exclusively for the use of the medical profession, and are advertised exclusively in medical journals, we cannot see any possible lowering of professional dignity or deviation from "time-honored principles of medical ethics" on the part of the physician who uses them in his daily practice or who recommends them in his communications to medical journals.

The name, in this class of proprietary medicines, is to be regarded simply as the guinea's stamp—a guaranty of the purity and genuineness of the product, and the registration of it, patenting it, if you please, is as much for the protection of the physicians who use it as for the parties who manufacture the remedy. It in no sense makes the drug a "patent medicine" any more than does the writing of "Fairchild" before pepsin, "Merck" before or after an alkaloid, or "Schering" or "Squibb" before chloroform, transfer these chemicals into that category. These men—Merck, Schering, Fairchild, Squibb, and a few others, have devoted their lives and spent enormous sums of money in making their productions the purest and best that can be attained by human honesty and human integrity; and as a reward their names attached in *copyrighted labels* to their chemicals stand as a perpetual guarantee to the physician and patient against the fraud and greed of less honest manufacturers, and it would be a great injustice to them as well as to the profession and public to deprive them of this guarantee.

The question may be, and frequently is asked by the purists, usually by the very old, or by very young members of the medical or pharmaceutical profession, aspiring to be considered very scientific, "Why should a physician resort to these ready-made prescriptions at all? Why does he not draw upon his own knowledge of applied therapeutics and write out his own formulæ in every case? Why does he prescribe this one's sugar-coated pills or that one's gelatin-covered granules?"

Why, indeed? Simply because he knows that these articles, being made in vast quantities, by improved apparatus and appliances, manipulated by highly-trained and educated employes, and directed by skilled chemists, can be made better, more accurately and far cheaper than they

could be compounded by the most skillful prescriptionist. He does it for the same reason that he buys a watch ready made from the jeweler, or a buggy ready made from the carriage-maker.

The most serious charge that is brought against the makers of some of the best known, most valuable and most frequently used proprietary medicines, is that the formulæ given by the manufacturers are not the true ones, or, as Dr. Craighill, of Lynchburg, Va., in a paper read before the Virginia Pharmaceutical Association, at its last May meeting (published in the *Virginia Medical Monthly* for June, 1887,) puts it, "a patented proprietary remedy which professes to publish its formulary, *but does not.*" If this charge were true, it would indeed be a grave one and a just cause for the banishment of such medicines from the list of those which the physician may use "without lowering the standard of professional dignity," etc.

But when we examine into the matter, we find the sole ground for the charge to be that when the ingredients as named are put together by the physician himself, or by the prescriptionist, off-hand, though it may be *secundum artem*, the result frequently differs very widely from the preparation which it is intended to imitate. This fact would go far to prove the charge, did we not remember that in all chemical processes *manipulation* has a great deal to do with results, and that the *element of time* has a value that nothing else can supply. A mixture in which no amount of shaking will produce combination or solution off-hand, or no amount of filtration will clarify, will frequently become perfectly limpid when given the requisite length of time. We are informed by Mr. Lambert that Listerine requires eleven days in its preparation, and Messrs. Battle & Co. tell us that Bromidia, for instance, requires six days for the thorough combination of its ingredients. We have no doubt that many other such remedies require even more time for their perfection, and no amount of skill on the part of the pharmacist can possibly make up for this element in their preparation. These facts are fully recognized in France and Germany, and we find the highest class of the medical journals of those countries full of advertisements and notices of preparations exactly analogous to our proprietary remedies.

A NOVEL DEPARTURE IN ADVERTISING.

Believing that the advertising of medical preparations often fails of its purpose, viz.: to clearly and intelligently present to physicians their special advantages, pharmacal or therapeutic, on account of the fragmentary and imperfect manner in which the facts are usually conveyed in such advertisements, Parke, Davis & Co. propose to inaugurate rather a novel departure in advertising.

It is their intention to publish in the advertising pages they occupy in medical journals a series of what they term plain talks to physicians, in each issue taking up a certain class of preparations and pointing out the reasons why they deserve to be prescribed, until all their preparations shall have thus been presented.

The excellence of the products of this house are well known, and it is to be presumed that their long experience in the manufacture of medicines will enable them to say in these informal talks something of real interest and benefit to their medical friends.

ANTISEPTIC TREATMENT OF INTESTINAL AFFECTIONS.

In an article on Intestinal Antiseptics by D. N. Kinsman, M. D., appearing in the *Journal of the American Medical Association*, July 3d, 1886, the author points out that the natural processes of fermentation and putrefaction going on in normal digestion are so changed in dyspepsia and other forms of intestinal disease as to produce poisonous alkaloids which are the cause of the symptoms developed in such disorders.

The researches of Prof. Vaughn, of the University of Michigan, in which tyrotoxicon has been shown to be the cause of ice cream poisonings, which are still fresh in the minds of medical readers, have thrown still more light on the etiology of intestinal affections, and made apparent the importance of intestinal antiseptics as a method of treatment.

To facilitate such treatment we learn that Parke, Davis & Co. have recently added to their list an Intestinal Antiseptic Pill, the formula of which is as follows: Mercury Protiodide, 1-8gr.; Podophyllin, 1-16 gr.; Aloin, 1-16 gr.; Ex. Nux Vomica, 1-16 gr.; Ext. Henbane, 1-16 gr.

The Iowa State Medical Reporter.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV.

DES MOINES, IOWA, FEBRUARY, 1888.

NO 12.

ORIGINAL ARTICLES.

PURE WATER AND PURE AIR.

BY W. L. ALLEN, A. M., M. D.

Read before the Scott County Medical Society.

It was in 1856—thirty-two years ago, that the Scott County Medical Society was organized, and it has had a flourishing existence ever since, with a membership from first to last of over seventy regular physicians. At present there are less than a dozen practicing physicians of the regular school in the county who do not belong.

We have passed through a rather favorable year as regards epidemics. We have had innumerable cases of measles with some fatal ones, some scarlet fever, and worst of all, diphtheria. Some time ago I called the attention of the society to the manifold differences in the treatment of diphtheria, hoping we might find some more successful means of combating this fearful disease. I regret to say that so far as I received answers to questions then propounded, they were all pervaded with a feeling of doubt and discouragement with all kinds of treatment. There remains now for us to look again for the cause, and I feel that if each of us would make a close record of each and every case of diphtheria, noting manner and source of contagion, location of house as to water and sewers and ventilation, we would find bits of testimony here and there which put together, would give us important evidence upon which to

base a course of prophylaxi. As a rather roundabout step in this direction, I will ask you to investigate and ventilate the subject of "pure water and pure air."

How to obtain these for the masses of the people has been a most serious problem for centuries. Our state board of health has recently made inquiries as to the condition of the river water which so largely supplies our city. Let us go farther and ask to what extent cistern water is used, to what extent wells, and the condition of these supplies? When we search for the causes which are constantly at work in contaminating water, we find the greatest evil in bad drainage. We have sewers which leak at the joints or become stopped, saturating cellar floors and back-yards and finding as favorite escapes faulty cisterns and convenient wells. As a result, we have impure air in the houses, coming from both the cellar and the waste pipes, and impure water in both well and cistern. This is bad drainage.

Then there are numerous privy vaults, built on the old plan, with the idea of absorption by the adjacent soil. Wells and cisterns near at hand most dangerously assist in the desired absorption. The same is true of water-tight vaults, for they generally leak, and in both cases we have bad drainage as a result.

We have often seen cisterns with overflow pipes connecting with the vault; indeed it would be more correct to say that we have seen our vaults with overflow pipes connected with our cisterns. I have seen vaults especially built large in order to receive the waste water from the kitchen. The water was supplied by the water company, and as there was no sewer, the vault took charge of it, and was assisted, as usual, by the cistern, into which the water bubbled in spite of repeated cementing.

There are, of course, many other sources of contamination of our wells and cisterns, but I think the one cause alone, bad drainage, is enough to condemn all cisterns and wells in a city of any size. Perhaps the purity of our ice is a matter worthy of more investigation than has been given it.

I have heard some of our physicians speak doubtfully of sewers, but how can we have a liberal water supply without adequate means for its return? As a most important hygienic measure for our city, I would

recommend, *first*, a free supply in every house of pure water, either from the river or some better source, possibly an artesian well might be found large enough; *second*, as perfect a system of sewerage as can be made.

Naturally, we can hardly mention water supplies without speaking of sewers in the same breath, but we really find that sewer systems were adopted even before much effort was made at any system for water supply. One of the oldest sewers we have much knowledge of is the Cloaca Maxima, in Rome, which was built 606 B. C., for the purpose, originally, of draining the forum. It is 12 feet high by 10 to 13 feet wide, made of tremendous blocks of travestine stone put together accurately, without cement, for this stone was quarried when soft, and hardened by exposure. This sewer is as perfect to-day as it was 2,500 years ago. It subsequently became the outlet of an extensive system of sewers, and is still in use, but is so low that the Tiber often backs up and floods that part of the city. This the city council of Rome is determined to overcome by changing the outlet by tunneling one of the hills south of the city, and discharging the water four miles away. In 311 B. C. Appius Claudius built the first aqueduct into Rome. This was subterranean and brought pure water from springs six miles distant. The later aqueducts were much longer, often elevated on beautiful arches, and from 25 to 100 feet from the ground. In Nero's reign there were nine aqueducts, which number was afterward increased to 24. One of these was 63 miles in length. I do not mean to insinuate that the wonderful water system of ancient Rome was established by some renowned board of health; indeed, I think it was brought about by existing circumstances; for instance, there were numerous baths, public and private establishments, covering several acres of ground and requiring vast quantities of water. Some centuries later the naval battles in the Colosseum required what might be thought a generous supply. Indeed, Rome has always been, and is to-day, most perfectly supplied with water. Coming down to our own times we see the reports from Vienna, where a few years ago they changed their water supply, which was bad, and went to the enormous expense of piping water for the entire city of 1,200,000 inhabitants, from a basin on a mountain 20 miles distant. This change

from foul water was followed at once by a marvelous decrease in typhoid fever. The sewers are good and pure water is supplied to every house.

Nor are we behind in this country, for the Croton aqueduct in New York is one of the finest ever built. It is 40 miles long and has several arches 250 feet in height and supplies 35,000,000 gallons daily. The cost was some \$12,000,000. As one of the recent developments in sewerage we will take London for a modern example, where several large main sewers were carried eight miles from the city to empty into an enormous reservoir. This was done at a cost of \$25,000,000. Before these were built \$7,500 per week was spent for disinfectants and \$100,000 a year for flushings.

These are but a few examples of what has been found necessary to do in order to obtain pure water and to carry away the foul.

In our city, with its favorable location, there is no reason why we should not have a perfect system of sewerage, except perhaps a lack of funds. The question of water supply is one of much importance to us, and there is no doubt in my mind that the Mississippi water is at times very far from being pure. In the summer, when the river is low and its temperature high, and the current slow, we have conditions favoring decomposition of organic matter; and I have often seen eddies in the river so covered with scum that few boys could be found who would enter them. I do not wish to sound a false alarm by these statements, for I have heard of but few cases here where sickness was caused by our river water.

Although we may be unable to have the most perfect sewerage or water supply, because of lack of means, is there any excuse for the many families in this town who actually suffer for fresh air? It is cheap and within reach of all; nevertheless, I will say that not less than twenty per cent of our inhabitants live in rooms or homes in which, in winter weather, not one-quarter the necessary interchange of air is allowed to take place.

Who will deny that at least fifty per cent of the sleeping-rooms smell close in the morning? We know what "close" means. We know that there are not more than from two to five parts of carbonic acid in 10,000 parts of normal air, and that when the amount of carbonic acid reaches

even six or seven parts in 10,000 we can perceive it by the senses, and when it reaches ten parts in 10,000 it is very disagreeable. Now, to prevent any injurious effects, we should prevent the amount of carbonic acid from exceeding three parts above the normal, and to do this requires 2,000 cubic feet of fresh air per head per hour. Even then we will have from five to eight parts of carbonic acid in 10,000.

Take an average sized room in such houses as most of our working men occupy, and we find it 14x14x8, or containing 1,568 cubic feet of air. This must be changed entirely every 40 minutes, for one person. If there are four in the room, it would require a ventilator one foot square with a draught of two feet per second to supply the four people. But there is no ventilator and our plumbers will tell us that it is more expensive to ventilate than to drain. Human nature prefers a warm room to a cold one, and how can poor people ventilate save by opening a window and thus losing what to them has been expensive heat? Poor people have as a rule small houses, small rooms, few beds and many children, so the question of obtaining fresh air in the winter without ventilators, so as to avoid cold draughts is a most important one. In cases of sickness in the winter, the poor suffer still more for fresh air, for although the well ones can go out in the day time and breathe it freely, the sick must stay in a close unventilated room for days and weeks. I visited one family some time ago in which five children were sick at the same time, three with diphtheria and two with scarlet fever, and the father was in bed with an abscess. All six were in a room not over 10x14 feet, with a seven foot ceiling and one window. I could not estimate the terrific amount of carbonic acid, and other exhalations even more poisonous, that filled that room. I had high fever and a bad throat throughout the entire time that I attended the family, simply on account of the pungent atmosphere. Yet there was but one other room and that was a shop-room. I believe that the greatest good was done that family by the knocking out of two panes of glass.

You have all had similar experiences. Who will devise a poor man's ventilator, that will not carry all the heat out of doors in accomplishing the desired ventilation?

OBSTETRICS.

BY W. T. SPEAKER, M. D., OF MANSON, IOWA.

Read before the Calhoun County Medical Society, at Rockwell City, Iowa. Dec. 29, 1887.

Obstetrics, as an art, must have always existed, even among uncivilized nations, and as refinement and civilization have increased, this art has become more and more perfect, keeping pace as other arts have done, with the general advance in a people's knowledge. And thus it is, that obstetrics, advancing from the ages of the past, from the period of the wonderful old man of Cos, to that of Smellie and Levret, existed as a very perfect art indeed, but was then in no wise a science. He who was to elevate it to this high sphere, was found in the person of the great Englishman, William Hunter, whose admirable work upon the gravid uterus, did for this department of medicine what the eminent labors of Euclid did for mathematics, or Newton or Galileo, did for science.

From the time of the renowned Hunter, to the present, a steady advance has been made. We see the improvement of this hundred-year-old science to which the past decade has given birth. In my judgment, one of the greatest achievements of modern pathology, has been the discovery of the agency of certain lowly organized nomads, micrococi, and microzyms, classed under the head of bacteria, in the production of septicemia, pyemia, and the long list which our noted Koch, considers as diseases, which are their outcome. These infinitesimal bodies, floating in ethereal vapor, clinging to sponges and towels, and adhering to instruments and fingers, enter the blood through the open mouths of abraded surfaces. The prevention of the evil consequences of such entrance, by the plans of Lister, has accomplished a great deal for general surgery. Applied to obstetrics, the same methods prove to be as fully successful.

We find each year brings about its new discoveries in this department of the science of medicine. The successful obstetrician of to-day is the one who keeps himself posted as to the anatomy, physiology and general condition of his work.

A little over a year ago, Dr. Pilcher, of Brooklyn, having under his charge a case of labor in a deformed woman, aged twenty-one years, in

good health, but with a rachitic pelvis, giving in its antero-posterior-diameter of the superior strait, a measurement of two inches, sent for Dr. Skene to assist him. After she had been in labor eight hours, Dr. Skene, with his well known skill, performed laparo-elytrotomy, and delivered her of a living child. The result was that both mother and child were saved. And now in all candor, let me ask this body of fellows if a procedure which has effected such a result repeatedly, both as regards mother and child, should not at least be fairly tried, before it is cast aside among the failures of obstetric surgery.

Dr. T. Gallard Thomas, of New York, said in a recent lecture: "That from the earliest record of medicine, of Egypt, of Greece, and of Rome the practice of obstetrics and gynecology can be readily traced. And although, like all other learning, it became paralyzed by the baneful influence of the dark ages, it was upon the revival of letters at once pursued."

I shall at this point, with your consent, quote a few paragraphs from a lecture by Dr. Thomas, of New York:

"Obstetricians are beginning to question themselves as to whether it is wise, in the interest of both mother and child, to wait and watch during the last two months of pregnancy, until a sudden and furious hemorrhage makes unavoidable in placenta previa, a convulsion announces the point of tolerance in puerperal uremia, or the cessation of foetal movement tells the tale that the crippled intrauterine lung has ceased to have power enough to prolong foetal life. The methods of inducing premature labor are now so simple, so certain, and so void of danger, that they, more than at any previous time present themselves as a sovereign resource in such cases."

How often has every man in this room, watched with intense interest and anxiety, the following picture:

"A mother of several children, a beloved wife, and the center of a large circle dependent upon her for love, for care, and for council, about the end of the seventh month, develop the symptoms of placenta previa, or severe puerperal nephritis. The physician cannot conceal from those who surround her, the fact that a violent hemorrhage, or sudden convulsive seizure, may, at any moment destroy her life. Should one of

these occurrences take place, the patient's friends know full well that it may be hours before medical aid could be obtained in their dire necessity. Day after day the painful process of watching, hoping, dosing, goes on, and gradually the symptoms grow worse, until the final issue comes, and great joy is felt if, the child being sacrificed, the mother survives.

"Is it to save all this, at the expense only of exposing the child to the danger of premature birth, a child, too, whose life would be at great hazard, even if the pregnancy were allowed to proceed—that premature labor offers itself as a valuable resource."

In cases of puerperal septicemia or tendency to, all pain should be at once quieted, and the uterus thoroughly cleansed with antiseptics, the temperature should be lowered to less than 100 degrees F., and a coil of rubber tubing through which ice cold water should be passed, instead of the old method of using the cold bath. I do not find any better diet for my patients, suffering from a tendency to this difficulty, than pure sweet milk. The room should be kept perfectly quiet, and all should be excluded, but the nurse and doctor.

In regard to the early removal of the secundines, after abortion, I find in a country practice that we cannot depend upon the expectant method. I invariably remove the placenta, in all cases where the cervix is somewhat dilated, or dilatable, as is generally the case for an hour or so after the expulsion of the embryo, and in all cases of septicemia or dangerous hemorrhage, no matter when they occur. When neither of these conditions is present, and the cervix is closed, I would not advise the immediate and forcible removal of the secundines, but would wait a more favorable condition, when the finger could be more easily inserted, moderate hemorrhage being controlled by ergot, the tampon, etc. No instrument that I have ever tried, is so safe, trustworthy and generally useful as the finger.

During the first half of the present century, puerperal convulsions were almost exclusively treated by free depletion, and all authority on obstetrics give this as the principal remedy, far superior to any others. But the sympathy created by Hahnemann against the shedding of blood began to prevail among the people, and the physicians silently laid away the lancet, and as Prof. Gross aptly put it, "bleeding became one of the lost arts."

Eclampsia, which may occur to parturient women, has been written upon so often, that it has become a very trite theme, one on which very little more can be said. Dr. Engleman does not mention it in his "Labor Among Primitive Peoples." It is very rare if it occurs at all among the Indian tribes, so that it must be classed as one of the results of civilization, and a violation of natural laws, during gestation, and in fact, from puberty, when young women are put in tight fitting dresses and corsets, which prevent a full development of the abdominal and pelvic organs. And also Dr. Goodell has shown in his address on "The Dangers and Duties of the Hour," that faulty systems of female education when the excessive brain work of young women often injures and prevents physical and sexual development.

If I had time I would be pleased to give the views of a number of our best authors as to the causes of eclampsia, but cannot at this time.

As to the treatment, it depends on the character of the convulsions, and the views the obstetrician may entertain of their pathology. But in the hyperemic cases, when the pulse is full and hard, the most rational plan is to bleed promptly and freely, at the beginning of the attack, so as to make a decided impression on the circulation which alone can indicate the amount to be taken, and therefore the pulse should be watched. As the majority of cases of eclampsia are in primipara, the rule is to bleed, for as Dr. Goodell says, "an early, timely and full bleeding invariably relieves intracranial pressure, whether caused by an effusion of blood or serum."

Dr. Packard related a case to the obstetrical society of Philadelphia, of convulsions and death from apoplexy in labor, which was not bled, and the autopsy showed the meninges of the brain to be deeply congested, and all the tissues of the brain to be exceedingly vascular. In the majority of cases of eclampsia, the symptoms so strongly resemble those of apoplexy that venesection on either, generally or locally, is not only advised, but absolutely required, even if other remedies are used. The majority of obstetricians have concluded that depletion, either general or local, is the best treatment, followed by purgatives and opiates, inhalation of ether or chloroform, and injections of chloral, that speedy delivery will often prevent the convulsions. Post-mortem examinations have revealed nothing positive as to the cause or pathology of eclampsia.

Before I conclude this paper, I wish to call attention to a few cases that I have met in my practice. I have had but one case of eclampsia in my ten years' experience, and have seen but two in the practice of others—one since I came to Manson with my colleague, Dr. D. T. Martin. This case was one of those grave conditions from the beginning. The patient became unconscious immediately, and continued so until the end. Venesection was resorted to, but the blood was so thoroughly carbonized that it was of the consistency of syrup, and apparently as "dark as tar." Bromides, chloroform and stimulants were of no effect. There was only slight dilation of the os. There was at no time the least indication of consciousness. Heavy breathing with contracted condition of the muscular system. An attempt at rapid dilitation of the os. uteri was of no avail, as the patient succumbed too rapidly for any treatment at our command.

Two cases of imperforate hymen have come under my observation. One was ruptured as soon as the head of the foetus came in contact, the other, in a lady twenty-two years of age, the membranes were so tough that it was impossible to produce rupture until I used a scalpel. The membrana seemed as thick and tough as a piece of thick writing paper. After incision the case progressed rapidly until labor was terminated.

One anecephalic foetus has occurred in my work, and that since I came to Iowa. On examination, I found a peculiar condition, but became thoroughly positive of a head presentation, yet there seemed to be a lack or insufficiency of the vertex; the foetus was but seven months. On pressing firmly I noticed several times active convulsive movements, and remembering that Cazeaux mentions these movements in the anecephalic foetus, became confident that I had one of this class of monsters with which to deal. The mother was easily delivered and made a good recovery. The foetus never breathed after delivery.

Those of my fellows who have been brought into contact with placenta-previa, will not question my feelings when informed that I have met with four of these frightful cases. Two have occurred in my own practice and two in that of others. One out of this number proved fatal, and that, I think, could have been saved had not a physician been called who did not know the difference between placenta-previa and

the natural condition of labor. He remained for a half hour—until the hemorrhage ceased—then took his hat and his departure. In half an hour another flooding took place, and before he could get to the bedside with counsel the patient was beyond all medical or obstetrical aid, and died in a very short time. My practice is, that when there is the least sign of hemorrhage, to remain with my patient until all danger is passed. The other patients in each case recovered under the treatment advised on another page.

I have met with one case of superfoetation. The lady was in labor but a few hours when I delivered her of a healthy female child. After the child was in the hands of the nurse I was attracted to the patient by cries of "such hard pains." Thinking the uterus was making a strong effort to expel the placenta, I grasped the cord and removed the mass intact, but still the cries continued. On examination, I found what to my mind was a second foetus, but small. A few pains more, and there was expelled a foetus about three months old, healthy looking, but dead. A well developed cord and placenta was removed.

The youngest case of labor which I have attended was at 745 State street, Chicago, Dec. 26, 1877, while I was yet a student. A young girl of twelve years was delivered of a healthy male child. The labor was of only eight hours' duration, and would not be called a "hard labor." The girl made a good recovery and the child did well as long as they were under my observation, which was a period of two months.

We may, with the majority of writers, regard vomiting in pregnancy uncontrollable whenever it effects seriously the health of the woman, and resists the judicious use of a certain number of remedies. Uncontrollable vomiting is not extremely rare. I have met at least three cases which had been reduced by this difficulty to such a degree that the prognosis was extremely doubtful of recovery. These cases are often a great annoyance to the physician as well as the patient. One case which I had under my treatment several years ago became so debilitated and emaciated that death seemed imminent, and had not surgical interference been resorted to, the case would undoubtedly have succumbed before the end of gestation.

One thing more, before I close my paper; keep your patients cheerful,

o not give them reason to become despondent; when advised early of their pregnant condition give them good advice, especially if they are young and inexperienced; do not give doses for every symptom mentioned to you; do not let us be called inveterate dosers; the less a man knows the longer will be the list of his remedies, the more complicated and heroic his prescriptions.

A QUACK REMEDY WHICH SHOULD BE IN THE HANDS OF THE PROFESSION.

BY L. C. WINSOR, M. D., SPIRIT LAKE, IOWA.

The use of oxygen gas in medicine has fallen into disrepute, because of the unblushing fraud in its manufacture and dispensing, and the extensive advertising of *compound oxygen treatment* and the like, which has been done by quacks.

This therapeutic agent, however, was introduced by the regular profession, and notwithstanding the lamentable abuse to which it has been subjected, is now being used more extensively by it.

My experience with oxygen for the past year has led me to value it highly, and I wish in a manner to call the attention of the readers of THE REPORTER to the excellent results which can be obtained through its agency.

Writers on the subject have attributed to oxygen a great number of separate physiological actions, such as its being a germicide, a local healing agent, of its having a power to restore lost virility, of its being a hepatic and renal stimulant, also a cathartic; in fact, in one article published there is a list of thirty-one diseases and conditions in which oxygen was the *a meyveille*.

In the sense that fresh air is good for all, we might take the above statements, but the cases in which oxygen is especially indicated are comparatively few. The principal physiological actions of oxygen are, I believe, those of a cardiac and respiratory tonic. I use the word tonic rather than stimulant because the gas (although in some cases it has an immediate stimulant effect), has a lasting tonic effect.

In regard to the diseases which are most benefited by the oxygen treatment, they are those, as would naturally be supposed, which are benefited by a change of climate. We send one patient to the mountains, another to the seashore, in order that they may obtain *pure air*. We advise them to live out-doors as much as possible, to make a practice of filling the lungs to their full capacity, etc., and many times they return benefited. In giving oxygen gas we say inhale a dose of condensed Colorado or California air, once or twice a day, and it matters not as to the state of the climate around them, they get the pure condensed atmosphere every day, and are benefited.

The question which will arise at this assertion will be: how can a few inhalations per day of an element which we are constantly breathing, have any influence for good, or any lasting effect?

At first thought it would seem absurd to expect any tonic effect or any other change to arise from this treatment. But theoretically considered, is it not just as reasonable to expect good results from a dose of oxygen as from a dose of iron?

The latter enters the blood through the digestive system. It becomes a part of the blood, which is the carrier of new cell elements. It unites with the tissue cells wherever it is required.

The former enters directly into the blood through the lungs; and the blood becomes saturated with the most active cell-building element of the body, so that every inhalation stimulates the metamorphosis of the constituents of the blood, and the up-building of tissue and bone cells is brought about more rapidly.

Clinically considered, and that is the best evidence, the inhalations of oxygen have a powerful tonic effect.

In this connection we can readily see that oxygen is not only excellent in itself, but valuable as an adjunct to the administration of other remedies of a tonic character—notably iron.

With iron the gas forms a physiological combination, for iron is the oxygen carrier of the blood, and its union with the cell elements of the blood is facilitated.

In regard to the special diseases in which I have found it useful, I will mention phthisic first, although of all it is the most unsatisfactory.

The *specific* for which generations have been looking forward to, has not yet appeared. But the last few years have brought dimly defined glimpses along the line upon which it will be finally discovered.

Sulphuretted hydrogen, intra-pulmonary injections, pneumenotomy, the inhalation of analine oil, and the administration of creosote have all had their day, and oxygen still ranks at the head. Dr. Dettweiler of Falkenstein, who treats cases of phthisic by the so-called "out-door treatment," claims by actual experience, that he can *cure* one-half of all cases of phthisic if taken in the early stage, and the treatment is continued long enough. The main treatment in his case is, pure atmosphere plentifully supplied. In other words, he saturates the system with oxygen.

In my own practice I have noted remarkable tonic effects from its use. One patient was in bed upon commencing treatment. He was enabled to get out in a week; the cough lessened; he gained in flesh; his muscles, which before had been flabby, became hard. He continued the treatment three months, at the end of which time I could discover no abnormal physical signs upon examination, except bronchial breathings, where before there had been the characteristic sub-corpitant and mucus rales, dullness or penance, etc. However, laryngual phthisics soon made its appearance, and following, tuberculosis of the intestines, and now a year from date at first treatment, the patient is again confined to his bed with general tuberculosis.

Another case now under treatment has made better progress. The case is one where both a pieces are catarrhal. The acute symptoms are rapidly diminishing, and the patient is gaining in flesh at the rate of three pounds per week, and the cough has almost entirely disappeared.

It is *safe to say* that oxygen properly used is our *best* remedy in phthisics, but further claims than that cannot be entertained.

In chronic bronchitis oxygen has proved a specific, but the cases treated are not sufficiently numerous to warrant an assertion that it would be so in all.

It was the means, however, of *curing* in one month a case of long standing which had resisted all ordinary treatment. It has also had a uniform action in all cases treated, so that I have placed my confidence in oxygen in these cases above all other medication.

In asthma I have been able to obtain but temporary relief, but this was very marked while it lasted.

In capillary bronchitis and pneumonia oxygen is invaluable; it has been the means of saving two desperate cases in my practice, and I believe that if for no other reason, oxygen should be always at hand to use, so that it might be administered pure to cases where there is threatened asphyxia.

As a cardiac tonic, oxygen has no equal.

We often meet with cases (in women especially), where we find severe headache, a suffocating sensation, especially upon lying down, palpitation of the heart upon any over-exertion. Ordinary tonics and stimulants in these cases have no very marked effect, but it is surprising to see the recuperation which takes place under a course of oxygen. Not only does it have a very beneficial effect at once, but after a month or six weeks treatment the effect seems to be permanent. The mitral regurgitant lesion seems to be the one most benefited by oxygen, but it is very useful in all diseases of the heart.

These are the most important diseases in which oxygen has been useful to me, but there is one more use for it of which I have not spoken. We sometimes find a case in which we desire to give an anæsthetic, and in which we find a heart lesion. This is especially so in obstetrical cases, where we wish to give chloroform. Although we have the authority of Dr. Fordyce Barker that it is safe to give chloroform in labor cases where there is heart disease, unless it is fatty degeneration, yet we cannot feel entirely at ease unless some precaution is used.

Oxygen being the physiological antidote to chloroform, it is plain that where the chloroform given is mixed with pure oxygen it would be much safer. Clinical testimony bears me out in this as far as my own experience goes.

In two cases of serious heart lesion chloroform and oxygen have been given with immunity, and with no resultant hemorrhage, but the patients have made exceptionally good recoveries. In order to administer the chloroform and oxygen an inhaler must be used.

These are the most important diseases in which oxygen has proven useful to me. As to its administration and generation, that is a difficulty

ty which has been overcome. A good office outfit is necessary, as the one made by Charles Beseler of New York; besides that a physician should have one or two large oxygen bags for transporting the gas. The inhalations should be taken not less than three minutes apart, and at least five should be given.

The gas can be used pure in pneumonia or capillary bronchitis, but in ordinary chronic diseases should be diluted with nitrous oxide and air, to suit the case.

REPORTS OF CASES.

A CASE OF DERMATITIS HERPETIFORMIS.

BY H. A. LEIPZIGER, M. D., BURLINGTON, IOWA.

The above name has been given by Prof. Louis A. Duhring to a disease of which he has given excellent descriptions during the last few years in various journals. As the disease is said to be very rare I present the following case which I believe closely resembles the cases described by Dr. Duhring, and belongs in that category. For the convenience of those desiring to look up the articles of Duhring and others I append the names of the places where they can be found as far as my resources here permitted.

W. S., aged 60; male; by occupation saloon keeper; has a good family history; was always healthy until about eight years ago when he became troubled with varicose veins of both legs. He was at that time a very heavy man and of florid plethoric appearance, due no doubt to the sedentary habits entailed by his business. In 1884, or four years ago, one of the varices of the right leg ruptured and he lost considerable blood before a bandage was applied. By means of elastic stockings his leg difficulties were relieved and he remained in apparently good health until about six weeks ago. He then noticed about the wrists and anterior surfaces of the forearms an eruption, which, in places, to use his own words, was like red pimples, in other places formed clear big blisters, and in still

other spots came out like little small-pox blisters. There was considerable burning sensation which was worse at night and prevented sleep but no itching to speak of. The pimples (papules) did not generally change into vesicles or pustules, although he thinks some few did. They lost their elevated character, however, and became flat, leaving darker colored macules in their places. The blebs, which were easily ruptured upon pressure, either formed a thin crust which fell off between 24 or 48 hours and left the dark macule remaining, or the contents of the blebs first changed to a purulent character and then dried up and became macules. A like process was undergone by the pustules within from 48 to 96 hours. The patient tried some nostrum "blood medicine," but the eruption went on, appearing next on the inner upper surfaces of the thighs, the contiguous surface of the scrotum and the under surface of the penis. It was now about two weeks after the first symptoms that he applied to me for treatment, and he presented the following appearance.

Around the wrists and extending up the anterior portion of the arm above the elbow were thickly studded brownish to purplish red macules, from one-sixth to one-third of an inch in diameter, and resembling greatly an old macular syphilid. Scattered on the upper part of the forearm and on the back of the hands were from six to eight blebs from one-quarter of an inch to three-quarters of an inch large and filled with clear serum. Two or three other large blebs had been ruptured, and beneath the collapsed wall was a layer of yellowish white pus. Besides these there were present a few pustules the size of a pea, some full and distended, the others looking shriveled and as if ready to form scabs. A number of such crusts were also seen. On the forehead were three or four semi-collapsed pustules, and one or two bright red papules. Between the thighs and on the scrotum the integument was covered with blebs and pustules, the former largely preponderating. He had been rubbing the parts with his hands and thereby ruptured a great many blebs—a fact which led me to believe that the eruption itched, despite his statements to the contrary—so that the whole surface was moist and eczematous looking. On the front of the right leg, over the site of the former varicose rupture, were two or three blebs as big as hazel-nuts, and on the

left leg, further down, several more. The skin in these regions was dark brown and glistening, and on close questioning he remembered having had an ulcer on the right leg after the hemorrhage four years ago, the ulcer healing rapidly.

There being no history or evidence of syphilis, no gradual transition from papule to vesicle and pustule to indicate a possible eruptive fever, even if the absence of customary constitutional symptoms were allowed; but a simultaneous outbreak of all three forms of eruption. I diagnosed Pemphigus as an expedient, and my friend, Dr. McDill, in consultation, when I showed him only the blebs, corroborated that diagnosis, but grew doubtful upon closer examination. I then compared the symptoms with those described by Dr. Duhring, and as a result venture to offer this case as belonging to the disease he calls dermatitis herpetiformis. The main difference, as far as I can see, is in the mildness or absence of itching in the case; but that is made up for by the burning, which indeed was the main cause of applying for treatment. I have dwelt somewhat upon the man's varicose veins, not because I believe the closing of the ulcer had any connection with this skin trouble, but because every fact may help to establish its etiology. I cannot tell yet what chronicity the case will assume, but I find that although six weeks have elapsed there is no improvement, but rather an increase in the appearance of new blebs, as compared with the number drying up. The treatment was at first arsenic and carbolized vaseline, and later, at Dr. McDill's suggestion, he was put upon large doses of hyposulphite of soda, under which a little dessication took place, but no diminution in the appearance of new elements, which in the last few days have increased. The articles to which I looked for reference can be found in the *New York Medical Journal*, May 17, 1884, p. 562; (erroneously given in *Am. J. Med. Sc.* for Feb., 1888, as July 10th); same, July 19, 1884, p. 62; same, Sept. 6, 1884, p. 269; same, Sept. 12, 1885, p. 302; *Am. J. Med. Sci.*, Oct., 1884; same, Jan., 1885; same, Feb., 1888. I shall endeavor to keep track of this case, and give a further report later on.

CLINICAL REPORTS

REPORT OF SURGICAL CLINICS, MEDICAL DEPARTMENT, STATE UNIVERSITY OF IOWA.

W. F. PECK, A. M., M. D., *Professor.* R. W. HILL, M. D., *Assistant.*
A. L. HAGEBOECK, *Reporter.*

IOWA CITY, February 10, 1888.

NOVEMBER 11, 1887.

Case 26.—O. M., æt. 26, male, American laborer. Fourteen months ago while watching some men work in a stone quarry, he failed to notice the stone being pried loose behind him and above where he was sitting. A large rock, being detached, fell, striking him in the small of the back so violently that he fell down senseless. On recovering he found both legs useless. Examination of the spinal column reveals a contortion and deformity caused by the fracture of the transverse processes and laminæ and a partial dislocation of the bodies of the fourth and fifth lumbar vertebræ. All voluntary motion in the parts supplied by nerves given off below this point is destroyed. His vesicle reflex is still good, so that he has control of his bladder—but the bowels refuse to move unless strongly stimulated by injections. The pathology is due to the pressure made upon the cord by the misplaced portions of the vertebral arches, which cut off the nerve supply from the parts below. His legs are cold and are atrophying gradually. The only relief to the patient could be given by removing the pressure, *i. e.*, excising the arches of the vertebræ, but as too great danger attends such procedure we are unable to assist him operatively. Good nourishment and stimulation will make life as pleasant as possible under the circumstances.

Case 29.—W. A., æt. 35, male, American. Was a perfectly healthy, rather powerful man, until three years ago when he took a severe cold. From that time he was taken by general lassitude and debility and an intense itch showed itself in different parts of the body. He was a fair skinned man, but his friends called his attention to the gradual change

in his skin towards a dark mulatto color. He lost flesh, and became very weak and now is but a skeleton of his former self. In the region of the parotid glands on both sides are swellings as large as eggs—these appear about every six months, and after remaining a few weeks, disappear. The general languor, the loss of sensation, the poor appetite and the discoloration of the skin, so very well marked, together with the intense itching of the dry and tense integument, are unmistakable signs of supra renal capsular, or Addison's disease. The tumors on his neck cannot be cured by surgical interference. For relief of his other troubles we refer to the *Medical Clinic*.

Case 33.—L. M., æt. 30, female, American. A good family history and her general appearance indicate pretty fair health. For the last three years she has been troubled with dropsy of the legs and occasional enlargement of the abdomen. For the latter trouble she has been tapped five times, large quantities having been withdrawn each time. Her abdomen now is very much enlarged. The swelling seems evenly distributed over the entire cavity, the umbilicus is not retracted, there is little pain and palpitation shows a large amount of fluid.

Careful examination by utero shows that at the bottom of the fluid contents is a hard resisting tumor, intimately connected with the fundus. From the rectum it can be plainly outlined and its pressure here causes very annoying constipation. We have here then a double pathology—the abdominal fluid is evidently not cystic, hence not ovarian, but peritoneal, and concealed by this is a fibroid of the uterus several inches in size. To remove the latter would incur greater risk than the patient is willing to undergo, but the fluid can be drawn off to give her relief. After tapping, the fibroid of the uterus was plainly discernable from the outside.

Case 34.—J. M., æt. 20, male, American. In the spring of 1885, the patient, always a rugged boy, hurt his left shin while playing. It gave him no trouble at once and caused no appreciable pain, nor did it interfere with his general health. A small enlargement was, however, soon noticed, but giving no inconvenience, was neglected. Only during the last few months has it injured his general health, though now he has a growth as large as a man's head upon the anterior surface of the tibia,

three inches above the ankle and extending to within two inches of the knee. The tumor is reddish, glistening and hard everywhere except at the upper central portion, where softening is beginning. The lancinating pains and the malignant character it has shown during the last few months make a diagnosis of fibro sarcoma very probable. An excision would, therefore, be of little service in stopping the disease—the tibia is thoroughly infiltrated, hence amputation of the femur at the lower third is necessary. A circular operation was accordingly made—the wound thoroughly cleansed, was dressed aseptically, and the patient got well in a few weeks, very little elevation of temperature being noticed. After the fifth day the temperature never rose above 99 2-5 degrees.

NOVEMBER 18, 1887.

Case 35.—J. R., æt. 40, male, Bohemian. General health good, and appearance athletic. Ten years ago a small tumor appeared in his right axilla and has been growing ever since. It now hangs like a scrotum, its length from the axilla downward being six inches and its diameter below about two inches; above it is merely tegumentary. He has never had pain nor trouble with it except the inconvenience of its position. It is probably fibrous, and the weight of the fibroid, which is as large as a base ball, pulled the loose axillary integument down gradually. The growth was removed with one sweep of the knife, and the wound, from which very little blood escaped, was sewed up and dressed with lint. The patient shown a week later was in excellent spirits; had had almost no unpleasantness from the operation.

NOVEMBER 25, 1887.

Case 40.—H. P., æt. 53, American, insurance agent. Thirty-eight years ago he had necrosis of the right tibia, a few inches above the right ankle. It was soon afterwards operated by Dr. Gunn, at Ann Arbor, and gave no trouble for thirty-six years. Two years ago he noticed slight weakness and pain in the same region that had been operated, and soon the discharge and general condition proved unmistakeably the presence of dead bone. Last September he appeared at our clinic and several inches of necrosis were removed from the anterior surface of the tibia. The wound healed kindly and shortly afterwards he went about his business, which unfortunately required very much walking. During the

summer the pain in the part recurred; soon became so intense as to make life miserable. The leg is now reddish blue, glistening, hot to the touch and considerably swollen. At the anterior internal position is an open wound four inches long, which discharges a very offensive pus. The bone is spongy and infiltrated with matter. An exploratory amputation was made several inches below the knee, but the bone was so soft and degenerated all the way to the knee that amputation of the femur became necessary. A circular amputation was made three inches above the knee, the wound dressed aseptically, and patient removed to his room. His temperature rose above 100 1-5 degrees only three times—on the first, seventh and sixteenth days after the operation—and after the ninth day was normal, except on the sixteenth day. Pulse never reached 100.

DECEMBER 9, 1887.

Case 56.—F. A., æt. 23, male, American. Three weeks ago a horse fell upon him, striking severely in the groin, but otherwise doing no injury. He kept at work since then, but noticed some very peculiar growths, as he thought, on his penis. On examination the penis was found normal but the lymphatic glands around the corona were slightly enlarged, each one appearing about the size of a pea. The chain formed a bead-like row around the corona and along the dorsum a straight chain could be felt continuing to the lymphatics in the groin. It showed the lymphatic distribution remarkably well. When the animal struck him the efferent vessels from the glands in the groin were probably compressed or injured so as to render them unable for the time of carrying off the fluids. From this the glands became hypertrophied, producing a condition of the absorbents somewhat analogous to that of hemorrhoids in the vascular system. To produce absorption of the pathology we will prescribe:

Proto iod. Hydrarg.

gr. 1-6 daily, and, externally advise the application of Sub Iod. Bismuth.

The bladder must be kept empty as possible, stimulants and erections should be avoided and good nutrition will assist very materially. The progress is favorable.

REPORTS OF SURGICAL CLINICS, IOWA COLLEGE PHYSICIANS AND SURGEONS—MEDICAL DEPARTMENT OF DRAKE UNIVERSITY.

LEWIS SCHOOLER, M. D., *Professor.*

No. 1.—J. C., American, aged 28, occupation miner. Applied at clinic to have left leg amputated below the knee. Two years previous to this date he had received a compound dislocation of the ankle and fracture of the fibula three inches above ankle joint by the foot being caught under cage while in the line of duty. At the time he presented himself there were twelve sinuses in the vicinity of the articulation, all discharging pus and particles of carious bone. Dead bone could be felt with probe in every direction—amputation was performed at junction of middle and lower third of leg by the circular method; stump dressed antiseptically, healing by first intention; no elevation of temperature; patient discharged in three weeks. Dissection showed all the bones of the foot, as well as the lower ends of the tibia and fibula, carious throughout their entire extent.

No. 2.—E. V., American, aged 17, occupation farmer. Necrosis of femur, result of traumata seven years previous to time of operation. Incision two-thirds the length of femur on outer condyle, leaving articular surface, also sequestra from shaft about six and one half inches in length, equal to about one-third of the circumference of the femur; also removal of a number of small detached sequestra at upper end of femur. Patient discharged cured in six weeks.

No. 3.—J. B., Bohemian, aged 30, who has had necrosis of upper extremity of left femur, and caries of ascending ramus of ischium, resulting in contraction of tendons of both hamstring muscles, causing flexion of leg upon the thigh, and thigh upon abdomen; the sound limb being flexed to the same extent as the diseased one. Ether administered and all efforts to bring the limbs in proper position by means of forcible flexion and extension failed. Tenotomy of both outer and inner hamstring and sartorian tendons was performed upon the right limb; upon the left the

same operation was done with tenotomy of the straight tendon of the rectus, when both limbs were brought down and a posterior splint applied and secured by a roller bandage, and the assistant, in whose charge he was left, directed to exercise passive motion at the proper time.

SOCIETY REPORTS.

SCOTT COUNTY MEDICAL SOCIETY.—PROCEEDINGS OF THE ANNUAL MEETING.

ACADEMY OF SCIENCES, DAVENPORT, January 4, 1888.

President Dr. W. L. Allen presiding.

The members present were: Drs. Thomson, Preston, McCowen, Crawford, Kemmerer and Parker.

The minutes of the preceding meeting were read and approved.

The annual report of the treasurer was read and accepted.

Moved by Dr. Thomson, and carried, that Dr. James Gamble, of Le Claire, be communicated with and requested to deliver before a meeting of the society at an early date, an obituary address upon the late Dr. Knox, of Princeton.

Moved, that co-operation from non-resident and local members of this society be solicited; that a courteous attempt to inspire interest in the proceedings of the Scott County Medical Society be made through correspondence, assuring members of an appreciative acceptance of original papers and reports of cases which they may at any time be pleased to present to the society.

Moved, that all "delinquents" be notified to appear at meetings within three months, and either personally or by letter give valid excuse for past absence, or be subjected to fine according to Articles III and IV of the By-laws.

No further business being reported, Dr. Thomson, complying with request, presided *pro tem.*, and Dr. Allen read the annual address—subject: "Pure Water and Pure Air."

A motion that it be received for discussion and ordered published in the IOWA STATE MEDICAL REPORTER carried unanimously.

In the discussion, Dr. McCowen spoke of bad ventilation not being confined to poor families alone, but also to well-to-do families who neglect to let pure air gain access to their houses. Dr. Thomson spoke of the difficulty of ventilating a room with a window at one side of the room and a bed in a far corner. He objected to alcoves and narrow recesses as well as high headboards. A person should sleep as near in the center of the room as possible. He emphasized the necessity of fresh air in cases of diphtheria. Dr. Preston was more impressed with the idea that diphtheria and scarlet fever were from impure air than from water—impure air from impure soil and other sources.

The election of officers then followed, and resulted as follows:

President—Dr. J. P. Crawford.

Vice-President—Dr. C. T. Kemmerer.

Secretary—Dr. J. M. Parker.

Treasurer—Dr. Jennie McCowen.

WHITEBREAST DISTRICT MEDICAL SOCIETY.

The first regular meeting of this society was held in the city of Chariton, January 4, 1888, at 1 o'clock, P. M.

Meeting was called to order by the President, Dr. W. E. Wright. Officers present, President, Vice-President, Secretary and Treasurer.

The President delivered his inaugural address, it being a resume of the aims, the objects and advantages of the association, the character, qualifications and duties of the physician. The doctor stated that no influence at work in society had done so much to develop, advance and diffuse medical knowledge, to engender a successful application of Sanitary Science and the mitigation of human suffering at the bed-side, as the aggregate of Medical Society organizations of the world. Through the medium of such organizations we develop mental improvement, become better acquainted with each other professionally; are led to a more brotherly feeling one for another; are induced to assist each other and thus assume a greater unity of purpose, rooting out selfishness and establishing combined effort for their common good. Through those

mediums we are afforded an opportunity of comparing our thoughts and experiences on the subjects connected with the ever new and diversified field of medical science. Such reflection of one mind upon another begets thoughts; leads to investigation which results in making us better qualified to discharge the arduous and responsible duties of our profession. It is a well known fact that he who thinks that he has arrived at the science of medical eminence from which he can advance no farther, or "has within himself a feeling of self-sufficiency or confidence in his ability to control all the diseases that flesh is heir to, or discharge all the pressing duties which often suddenly devolve upon medical men," is no longer fit to be trusted to tamper with the lives of his fellow creatures. For men of the deepest learning, the longest and largest experience are often made to feel their utter incompetency to discharge the task before them. "The language of inspiration sustains us in our associated capacity and meeting together." For as "iron sharpeneth iron, so does the face of man his friend." The whole people, though seemingly not aware of the fact, are vitally interested in the honor, respectability and advancement of the medical profession. By what other means can this be accomplished but by an organized, concentrated effort upon the part of those engaged therein?

Dr. W. A. Todd read a paper on the Use and Abuse of Quinia and other Cinchona Alkaloids. The doctor stated, that while quinia was a very valuable remedy and was one that could not well be dispensed with, yet it was capable of doing incalculable injury when recklessly administered, and the tendency of the profession was to be reckless in its administration. He referred to several instances occurring in his own practice, and contained in the literature of the subject, where great nervous symptoms had been produced thereby, as well as permanent deafness and blindness. The conclusion of the doctor was that quinia was a remedy of incalculable value, yet it was one, in the administration of which, we should be guarded, and especially so in the case of young children whose delicate and sensitive nervous organization was easily influenced thereby.

Quite a lengthy discussion ensued, participated in by Doctors Miller, Stanton, Brann, Jackson and Ladd. After which Dr. Jackson read an article on "Diseases of Women." It was a resume of the most recent

methods of treating the various diseases that usually come under the care of the gynecologist. The doctor discussed at some length Englesmon's so-called dry treatment of uterine diseases, also the applicability of wool and jute for supporters. His conclusions were that where there was metritis or pelvic cellulitis, cotton, wool, jute, slippery elm, etc., properly medicated, may be used as a temporary support, while they hold the medications in close contact with the parts, and thus impart a salutary and benign influence until such a point is reached that more effective support may be brought into use. He also discussed the feasibility of dilating the Fallopian tubes in cases of Pyo-Salpinx. He was of the opinion that the tubes might be entered, exposed and dilated to the distal extremity, thus relieving much suffering and saving many lives that are now sacrificed either by the malady or by the knife. The discussion was (for want of time) postponed till the next meeting.

Doctors Brann, Stanton and Yocom were appointed to prepare papers for the next meeting.

Doctors J. P. Stanton, C. M. Throckmorton, J. E. Stanton, J. S. Starr, John Miller, S. L. Yocom, G. W. Dash and C. H. DeWitt were admitted as members.

Society adjourned to meet in the city of Indianola on Wednesday, April 4, 1888, at one o'clock, P. M.

CALHOUN COUNTY MEDICAL SOCIETY.

The Calhoun County Medical Society was organized Oct. 23, 1887.

President—Dr. F. C. Stewart, Lake City.

Vice-President—Dr. W. T. Speaker, Manson.

Treasurer—Dr. D. J. Townsend, Lohrville.

Secretary—Dr. D. T. Martin, Manson.

Board of Censors—Drs. McMackin, Lake City; W. T. Speaker, Manson, and F. M. Patterson, Fonda.

The next regular meeting will be held at Rockwell City, Feb. 23, 1888.

OBITUARY.

SENECA BROWN THRALL, M. D.

The late Dr. S. B. Thrall, of Ottumwa, died at his residence January 20, 1888, in the fifty-sixth year of his age. The cause of his death was "inflammation of the stomach and bowels, connected with brain trouble."

He was the son of Dr. H. L. Thrall, for many years a professor in Kenyon College, Ohio, and of Starling Medical College, Columbus, Ohio, and was born at Utica, Licking county, Ohio, August 9, 1832. He commencing the study of medicine with his father in 1849; in 1851-2 attended a course of lectures at Starling Medical College, and subsequently graduated at Kenyon College as Bachelor of Arts, and in 1855, Master of Arts. He was also a graduate of the University of New York.

He first commenced the practice of medicine with his father, and afterward spent a year in the practice at Belle Center, Logan county, Ohio, and from thence removed to Ottumwa, arriving there in May, 1856. He was a member of the Wapello County Medical Society, and was its President in 1871. He was a member of the Iowa State Medical Society; was its Secretary in 1865 and President *pro tem* in 1870, and was the Secretary from 1873 to 1877; was a delegate to the American Medical Association at San Francisco in 1871. He was appointed in 1862 a surgeon in the military hospital at Keokuk and soon after commissioned surgeon of the Thirteenth Iowa Volunteer Infantry, and did very faithful and efficient service until May, 1864.

In May, 1856, he married Miss Mary Brooks, in Ohio, and they came immediately to Ottumwa and took up their home. Four children were born to them, viz: Frank B., Nellie, Homer N. and Mary. The widow and children survive him, except Mary, who died at about five years of age. The funeral services were conducted by Rev. J. E. Ryan, former Rector of the Episcopal Church of Ottumwa, and a schoolmate of Dr. Thrall. The arrangements for the funeral were conducted by the members of the Wapello County Medical Society, which attended in a body. The Wapello County Medical Society, Cloutman Post No. 69, and a large concourse of citizens, followed the remains to the grave.

At a meeting of the physicians of Ottumwa Monday, January 23, 1888, the following resolutions of respect to the memory of Dr. S. B. Thrall were adopted:

WHEREAS, Death has come into our midst and taken from among us one who for many years was a friend and co-laborer; one whose untimely death will be regretted by a large number of devoted friends; one whose genial disposition and kindness of heart made him friends wherever he was known. Therefore, be it

Resolved, That in the person of Dr. S. B. Thrall we recognize rare natural endowments and qualifications, both natural and acquired, of a high order, for usefulness in his profession.

Resolved, That the physicians of Ottumwa extend to the afflicted family and friends their sincere sympathy in their bereavement, and especially do they remember and extend to the absent and sick widow their tender regards and sympathy in this hour of her sorrow.

Resolved, That as a testimonial of respect to our deceased brother we attend the funeral in a body.

Resolved, That a copy of these resolutions be sent to the family and published in the city papers.

J. WILLIAMSON, }
T. J. DOUGLASS, } Committee.
C. G. LEWIS, }

At a special meeting of the Post at 9 o'clock A. M., January 23, 1888, on motion Comrades A. H. Hamilton, W. A. Work and D. T. Miller, were appointed to draft resolutions of respect and condolence touching the death of Comrade Surgeon Seneca B. Thrall, who died at his home in Ottumwa January 20, 1888, at 11 o'clock P. M. The committee made report of the following resolutions, which were unanimously adopted:

Resolved, That in the death of our comrade, Surgeon S. B. Thrall, late of the Thirteenth Iowa Infantry, there has passed from our fellowship a most genial companion, a brother highly esteemed by us for his ability and worth, and whose loss we greatly deplore.

Resolved, That we recognize in our departed comrade one who did a noble and faithful work in the medical department of the Grand Army that conquered the rebellion; one who brought to that work professional skill of a very high order, patriotism the purest and most devoted, a kind,

sympathetic heart, and courage well attested, that led him wherever his ministering hand was needed, though within the range of shot and shell.

Resolved, That the strong and enduring tie which binds veteran to veteran of the grand old army also endears the families of the deceased to those who survive, and therefore it is we mourn with the widow and children of our departed comrade and extend to them our kindest regards and warmest sympathy in their affliction.

Resolved, That we attend in a body the funeral; that our hall be draped in mourning for the period of thirty days; that these resolutions be spread in full upon the minutes of the Post and a copy of the same be presented to the family.

H. T. CLEAVER, M. D.

The late Dr. H. T. Cleaver, Keokuk, died at Las Vegas Hot Springs, New Mexico, January 11, 1888, in the sixty-sixth year of his age. He was buried at his old home, Keokuk. The funeral sermon was preached by Dr. Maple, after which the Masonic burial service was rendered in the church.

The faculty of the College of Physicians and Surgeons passed the following resolutions of respect:

WHEREAS, In the dispensation of divine providence, Dr. H. T. Cleaver, one of the most celebrated physicians in the state and for many years a distinguished professor in the College of Physicians and Surgeons, has been called from our midst, therefore,

Resolved, That in his death, although not at present a member of the faculty, this institution has lost an esteemed and true friend—one who for twenty years filled honorably and creditably, with great ability and success, the chair of Obstetrics and Diseases of Women.

Resolved, That as a colleague he was distinguished for his earnest and faithful advocacy of truth, excellent judgment, profound wisdom and harmonious and jovial disposition. He excelled in executive ability and in the forcible, clear and concise presentation of any subject under consideration.

Resolved, That as a teacher of obstetrics he was clear, forcible, thor-

ough and entertaining, and had but few equals and no superiors in America.

Resolved, That as a high-minded Christian gentleman, a kind, courteous and genial friend, a worthy, honorable, conscientious and able physician, he possessed all those admirable characteristics which called forth our profoundest admiration and respect.

Resolved, That we, as evidence of our esteem for our former distinguished colleague, will close the college on Saturday, January 14th, will attend the funeral in a body, and wear the badge of mourning for the remainder of this session, and that a copy of these resolutions and the minutes of this meeting be spread upon our records.

Resolved, That we extend to the family our sympathy in their great bereavement, and present them a copy of these resolutions expressive of the same.

J. C. HUGHES,	GEO. F. JENKINS,	S. W. MOOREHEAD,
J. C. ARMENTROUT,	JOHN NORTH,	J. A. SCROGGS,
T. J. MAXWELL,	G. O. MORGRIDGE,	S. M. CLARK.

At a meeting of the Keokuk Medical Society, held January 14th, and largely attended, the committee appointed drafted the following resolutions, which were unanimously adopted:

WHEREAS, The resident physicians of the city have been notified of the death of Dr. H. T. Cleaver, one of their distinguished members; therefore, be it

Resolved, That by the death of Dr. Cleaver the community has lost an active, public-spirited citizen, a skillful, energetic, sympathetic physician—his friends a warm-hearted, earnest, congenial companion, and the profession at large, a bold, dignified and honest practitioner; kind and courteous to his medical brethren, and one possessed of unusual acumen and skill—with a breadth of culture obtained by few.

Resolved, That we tender his bereaved family our sympathy in this, their hour of deep sadness; feeling as we do that the loss is one personally alike to them and to each of us, as well as to every member of the community.

Resolved, That we attend his funeral in a body.

Resolved, That a copy of these resolutions be furnished his family,

and that we request their publication in the city papers, the Journal of the American Medical Association and the IOWA STATE MEDICAL REPORTER.

J. C. HUGHES,

J. M. SHAFFER,

J. C. ARMENTROUT,

D. B. HILLIS.

After the adoption of these resolutions, many of the members present made short addresses, all bearing a tribute to the late Dr. H. T. Cleaver, and a testimony of his high character and many virtues. Space forbids of more than a line of these addresses.

"A man of clean habits and speech at the bedside and elsewhere, who was never decoyed into doing anything dishonorable."

DR. MORGRIDGE.

"He was a true, manly man; just with his professional brethren and fellow-citizens."

DR. McDONALD.

"His thoughts were so broad and liberal."

DR. BANCROFT.

"I have always found him an earnest, true gentleman and friend."

DR. FULLER.

"He was a personal friend of all the doctors, and assisted them nobly whenever called upon."

DR. NORTH.

"He was a wise physician and an invaluable counselor."

DR. TATE.

"I looked upon him as my adviser and friend."

DR. HUGHES.

"He was universally respected and admired by all with whom he came in contact, and they all feel his death to be a personal loss."

DR. MAXWELL.

"Dr. Cleaver was essentially and pre-eminently a self-made man, and like most such men, he was a strong man. He was strong in simplicity, strong in sincerity, strong in purity, strong in earnestness, strong in personal attachments, strong in his profession and strong in his sympathy with his fellow-workers therein—particularly those just beginning a medical career."

"He was also endowed with great ability to labor, with great capacity for work."

"His analytical and practical mind demanded the why and wherefore.

and never rested until it was in possession of the subject in all its aspects and details."

"As a lecturer, he was always lucid and concise. He never multiplied words unnecessarily, but always spoke to the point and clearly. Thoroughness in whatever he was engaged, whether in study, or in teaching, or in the practical work of his profession, was one of his marked characteristics."

Dr. Shaffer read a poem from the *Spirit of Life* by Willis Gaylord Clark, which was published in 1835.

Drs. Weisman, Bertram, Armentrout, Bailey, Fegers, Willis H. Davis, Kinnaman, Walker, Hillis and Rev. Dr. Thompson made a few remarks, indorsing all that had been said, and adding words of praise to those that had already been uttered.

Drs. Hillis, Morgridge and Jenkins were appointed pall bearers to represent the society and faculty of the medical college. The society agreed to meet at Dr. Hughes' office at 1:30 P. M. the next day to attend the funeral in a body.

CORRESPONDENCE.

Iowa State Medical Reporter:—At a late meeting of the Jasper County Medical Society the question as to whether typhoid fever could be aborted, not cut short in a day or two, but whether a considerable per cent of all cases of typhoid fever may not by judicious and vigorous treatment be made to end in recovery in fourteen days or less, was discussed. A large per cent of those present who took part in the discussion argued that even if the following symptoms, a red tongue at tip and edges, the center coated, dark or red, smooth glistening and dry, loss of appetite, a persistent elevation of temperature to 101 to 105 degrees, slight or marked tympanetis, gurgling in the right iliac region, with or without tenderness in same region, diarrhoea, and the evacuations presenting a putrid appearance and odor, with or without delirium, were present, and the case recovered in less than twenty-one days, that there had been a mistake in diagnosis, and the case was not typhoid fever.

Every member who took part in the discussion—except the writer—held that all a physician could do in a case of typhoid fever was to direct the ship and let the storm rage. I then expressed the belief, that even if the storm cannot be stayed, oil can be poured upon the surging billows, thereby diminishing the size, and also rendering the troughs less deep and wide in which the vessel is in imminent danger of being wrecked.

I am informed that the late W. S. Robertson taught in his lectures at Iowa City, that a *large per cent* of cases could be cut short in less than fourteen days. He would not have taught such to the class if he had not been in possession of facts to justify him in so doing.

My own experience in Iowa, extending over more than twenty-three years, is that more than fifty per cent of all cases presenting the symptoms enumerated in this paper—which I call typhoid fever—can be made to recover in less than twelve days. Neither aconite, gelsemium, nor any mercurial should be given at any time during the disease. The following is what I rely upon in all cases:

R	Elixir Cinch. Ferri. et Strych.	ounce vi.
	F. E. Encalypt. Glob.	" ii.
	Sulph Quinia.	drachm i.
M	Sig. Teaspoonful every 3 hours.	
		A. B. C.

IS ASIATIC CHOLERA CONTAGIOUS?

[The following letter is a little out of season. It was received just at the time of our temporary suspension. It speaks for itself.]

The cholera is upon us. Brethren, what will you do with it? Will you sit idly by and let it sweep your fellow beings into eternity without so much as lifting your hand to stop its onward march? "What can we do?" I hear some one say. "Medical skill is as powerless as a new born babe." Not so fast, my friend; did you ever read the results of the Electric treatment, while the cholera was in this country in 1849-1854; if so, you must confess that much can be done to stay its advance, and to cure those suffering under its dreaded influence.

The question that should engage our attention at this time more than

all the rest is, *Is cholera contagious?* I emphatically say *no, no, NO*, and I challenge proof to the contrary.

Some will say, "What nonsense; why everybody knows that it is catching." "Do not be frightened before you are hurt," is a very good motto for us to go by, and any physician who has had experience with this disease, or who has taken the trouble to investigate the subject with an unbiased mind, knows that the progress of the cholera from its original home in India, to almost every part of the civilized globe, has not been the usual gradual onward march of contagious diseases, while 99 out of every 100 native physicians of India, together with the opinions of those Englishmen who lived there, and thereby had the best of opportunities of observing its character, and such men as M. G. Bell, Dr. James Johnson, Dr. John Mackintosh, Dr. Samuel Morton, Dr. John Eberle and many others, have one and all acknowledged *that the cholera is not contagious*, and in addition to the above testimony, the Connecticut State Board of Health said in a circular sent out by them in 1884, that "Cholera is not contagious in the same sense that scarlet fever and small-pox are contagious; it is not what is commonly called "catching," and "the disease extends over the whole contamination region as if by an explosion." The Iowa State Board of Health, in a circular sent out from that body Aug. 1st., 1884, says, "Do not be afraid of handling cholera patients. There is no danger to the attendants." Other references might be presented, but I think enough has been said to convince every thinking mind that *cholera is not contagious*, for it has been and is, the united belief of nearly all those who have thoroughly investigated the subject of cholera, and those who have had any experience in the treatment of the disease, that it does not spread from one part of a country to another by contagion, but has been so distributed to be *a general epidemic influence*, the habits of which we are as yet unfamiliar with. It has traversed oceans, seas, and continents in a very short period of time, and diffused itself (not in the direction of travel) into every quarter and clime, without regard to the general accepted laws of contagious diseases.

CHARLES N. GALLUP, M. D.,
Corning, Iowa.

EDITORIAL.

FANATICISM.

"'Tis a good thing to be of a sound mind." This, an old saying, has deep and broad meaning. At first thought, a sound mind conveys an idea the opposite of insanity. The psychologist gives its opposite, an unsound mind, a broader limitation than the word insanity expresses as the opposite of sanity. For brevity, accept the facts without the attendant and abundant proof *that fanaticism is associated with insanity by contact, and as one of the opposing elements of a sound mind; that the scale of mental capacity and responsibility is made up of sound mind, and unsound mind, with their several degrees progressively arranged so that those of the one blend into those of the other, as the differential points become too insignificant for recognition, and that fanaticism and insanity are manifestations that emanate from this scale.*

Then, it follows, that in the descent of the scale, the line separating the sound from the unsound mind is not fixed; its location is oscillating and dependent upon the fineness of the differential diagnosis and the standard of soundness, and that below this division line, separating the sound from the unsound mind, we find fanaticism and insanity. The attempt to establish the division line between fanaticism and insanity would meet with the same difficulties found in the establishing of the line between the sound and the unsound mind. The State holds that one is sane until he has been legally adjudged insane. It being necessary to establish a base line from which to conduct our investigations, and the State having positively established an empirical, unscientific but practical one, why not accept the wisdom of this State as our base line? Although science and law are not exactly in harmony, this cannot be a step backward; we must go to the people if we expect practical results. The base line established separating the responsible from the irresponsible, what relation does fanaticism bear to it? It is certainly above it and within the responsible part of the scale of the degrees of unsoundness of mind. Why? Because the commissioners of insanity, the representatives of

the State, have fixed insanity as a degree of unsoundness of mind that removes responsibility and that requires restraint and care; and, because fanaticism, as it is to be defined, always carries a degree of responsibility and is therefore always beyond, or just beyond the commissioners. However, it should be remembered that under this division of unsoundness of mind, irresponsibility and insanity would often rise above our commissioners' line, if each individual case were to be located on its merits and according to a scientific rating.

Through public and private insane asylums and hospitals, a limited number of the medical profession have long had their attention called to the degree of an unsound mind, called insanity. But because of the same arbitrary and empirical division that we have accepted for our base, the other degrees of an unsound mind are rarely brought to the attention of the medical profession. Within this field, limited at the beginning by our base line and at the end by a degree of unsoundness of mind that can not be practically separated from a sound mind, we must look for fanaticism. Its extremes are easily recognized by their erratic, radical and persistent manifestations.

The history of fanaticism begins with the history of man. In the individual, its evils have been limited. In the union of individuals it has always been threatening. With the growth of that union, it has always been dangerous. With the full development of that union, it has always been destructive. Its growth is usually slow; as it gains in magnitude, its growth becomes more rapid. In its latter stages, its growth is like the whirlwind. Its full development and destruction may well be likened to the toad of the fable, possessed of but one idea, stimulated to rapid growth, it bursts, and is destroyed by its own distention. Such is the history of fanaticism. All nations in the past have felt it, all communities. The crucifixion of Christ, the history of Rome, the dark ages of the Inquisition, the days of the Blue Laws, are examples of the past. There are many of the present that could be enumerated. Its growth is subtle. Its development is not always easy to be recognized neither by the victim nor by the fanatic until its fury is being spent or its remnants look back upon its rise and fall. It is this subtleness that has made it so dangerous; that has permitted it to develop with such

strength before being recognized, and that has made its followers commit such revolting outrages, without even the remorse of the most degraded criminal. Its cause is ignorance, combined with a primary defective development or a diseased development. Its pathology consists of a perverted idea, stimulated by an irritable motor power that is blind to social law, individual or public opinion, right, life or liberty. The history, cause and pathology directs us to the fanatic, to the individual, and here the field of medicine properly belongs. Limited and recognized, it can now be defined: Fanaticism is a perverted public opinion, emanating from unsoundness of mind, having a degree of responsibility and being in full activity from a persistent motor power sufficient to render it blind and destructive to all other opinions. A fanatic is the individual, or one of the individuals, of an unsound mind with responsibility, who created the perverted public opinion, or who is furnishing the motor power, or who both created and is furnishing.

Its treatment is preventive, to be directed against ignorance and against its combination elements, defective development and diseased development.

The treatment of ignorance has been turned over to the school-master, who, were he qualified, would be the proper one, but as he is, taking a representative of his own class, it is a serious mistake. Custom is more responsible than he himself for his ignorance of psychology and physiology and of their practical application, and for his being, except possibly the clergyman, the most gullible and the most impressible to false impressions. The evil results of this custom have called forth, from time to time, volumes upon school hygiene, cramming, over-pressure, school curriculum, text books, etc. Most of these works are without a scientific basis, although many of them advocate an improvement over the prevailing customs. Usually they are too abstract, too complex and too far removed from the fundamental principles simplified, to be either practical or easily applied.

The physician as a school teacher is in a new role. It is one that properly belongs to him, not as the demagogue of the school-room, but as the ruling spirit directing the course of instruction, and the preparation of the school-master, and the commissioners of public instruction.

The State can never make the reforms needed until it accepts the assistance of the best element of the medical profession, or others, who are equally well versed in the laws of education, of physiology and psychology. Examining the output of the schools we find, with a few individual exceptions, that it is made up of nervous, weak, highly-strung subjects with illy-balanced minds. with natural faculties uneducated and undeveloped, with intellects dwarfed and contracted, and with memories disproportionately distended and overtaxed with book learning, the greater part of which, fortunately for the student, passes away in the first few years for want of use. This is possibly the reason why we meet so many educated failures.

The teacher or instructor who can successfully prevent ignorance by developing the faculties must have the following qualifications:

First—A sound mind. To attain this he must educate his senses so that he can see, hear, feel, taste and smell objects as they are—form correct impressions of things at rest, acting, after acting, being acted upon, and after being acting upon, embracing the relation of cause and effect.

Second—The education of the memory to retain correct impressions.

Third—The education of the mind to form correct ideas of the relation between cause and effect, to know the *how* and *why*, and from these to create correct ideas of similar relations and to be able to carry on an increasing complexity of relations to the full capacity of the senses, the memory and the mind. A sufficient number of these impressions should be received and acted upon to give the receiver a correct knowledge of the natural laws of development and of relation. These are the attributes that must be possessed by a sound mind. The extent to which this basis is carried forward, determines the intellectual standing of the individual and the weight of his opinions.

Fourth—A sufficient number of correct impressions of the growth and development of the mind and body in order to recognize their laws.

The above facts have long been recognized by the medical profession, and also the following: That medical men, as a class, are, from education, the best qualified to make the reforms needed, and that as disobedience of these laws produces a morbid condition, individual and state, the care and treatment of them properly comes within the field of medicine.

In conclusion: We have found, limited, and defined fanaticism; we

have found and defined its prevention or treatment; we have found the fundamental requirements of that treatment, and its alliance to medicine. We have now to develop a method in conformity with these findings, which will be attempted in other articles to follow.

(To be continued.)

OUR LOSSES.

Death has again invaded our ranks. Dr. S. B. Thrall is no more. In his death the profession of Iowa loses one of its most congenial lights. From its first issue to his death he was a friend to THE REPORTER. During this friendship he was always kind, willing and obliging. His writings were full of native wit that sparkled to overflowing. He was always outspoken, too much so to prevent antagonisms. His oppositions were never personal and his enemies were always made from open opposition based upon principle, and for this principle he was fearless. At home his ability gave him an enviable reputation. THE REPORTER joins with his many friends in mourning his loss.

Dr. Cleaver is dead. Personally, he was unknown to us. Through his many friends, and from his reputation, he was well known. No higher eulogy could be given to any man than that from the confreres of the late Dr. Cleaver. To us he was known as a man of broad liberal ideas, character above reproach and of a mind pure and well developed. The loss of such a man is a loss to the profession.

MEDICAL LEGISLATION.

Below we publish some of the bills already introduced in the present legislature for the purpose of repealing or emasculating the medical law. Also a copy of the general petition, now being circulated and introduced. The friends of the bill have been inactive, and the opposition have had full sway. Those of them who expect to have the law remain must exert themselves. Remember that fanaticism is at a premium at the present time, and the pressure against those who are sound is very great. The opposition from whom the above bills and petition come is the same old nondescript element that opposed the enactment of the law because they are so unqualified in any of the recognized schools

of medicine to be admitted to practice, and that make the ignorance and superstition of the masses a common prey for the specialism of quackery.

The Senate Committee on Public Health have agreed to report back all bills relating to medical legislation, except the Gatch Bill, for indefinite postponement. The latter they will return without recommendation. The "Medical Liberty League," who are conducting the lobby, is headed by Perry Engle, M. D., of Newton. The majority of this lobby is composed of ladies who are honest in their belief; who are not practitioners, but who are carried away with the fanaticism of "Christian Science." Under this cloak of respectability, the minority of the lobby is made up of a motley gang of unprincipled quacks, the nondescript element above referred to, except Perry Engle, the leader, who is a reputable physician. We say Perry Engle, because we believe that it is not Perry Engle the physician, but Perry Engle the politician and editor of a political paper, and in the role of a demagogue. We are forced to this conclusion because Perry Engle, as a physician, is too well educated, and as a man, has too much sense to be carried away with or believe in the principles which the class represent, whose interest he is advocating. If Perry Engle is successful in this attempt, it will make him quite a reputation to his political advantage.

BY GATCH BY REQUEST.] [SENATE FILE NO. 226—PUBLIC HEALTH.

A BILL

FOR AN ACT TO AMEND CHAPTER 104, OF THE ACTS OF THE TWENTY-FIRST GENERAL ASSEMBLY.

Be it enacted by the General Assembly of the State of Iowa:

SECTION 1. That section 9, of chapter 104, of the acts of the Twenty-first General Assembly be and the same is hereby amended as follows: Add to section 9 the following:

"Provided that in all prosecutions under this act it shall be necessary to allege and prove that some person has been injured in his or her health by the mal-practice or gross ignorance of the person charged with the violation of the provisions of this chapter."

SEC. 2. That nothing in said chapter contained shall prevent any person from recovering for medical, surgical, or obstetrical services the reasonable value thereof, in cases where such services have resulted in a benefit to the person receiving the same.

SEC. 3. That the certificate issued by the Board of Health, as provided in said chapter, shall be no protection in any civil or criminal proceeding to the person holding such certificate, in case he is charged, or sought to be charged, with mal-practice, gross ignorance, or immorality in his profession.

SEC. 4. This act being deemed of immediate importance shall take effect and be in force from and after its publication in the Iowa State Register and the Des Moines Leader, newspapers published at Des Moines, Iowa.

By REINIGER.]

[SENATE FILE NO. 267 PUB. HEALTH.

A BILL

FOR AN ACT TO AMEND SECTION EIGHT (8) OF CHAPTER ONE HUNDRED AND FOUR (104) OF THE ACTS OF THE TWENTY-FIRST GENERAL ASSEMBLY, ENTITLED AN ACT TO REGULATE THE PRACTICE OF MEDICINE AND SURGERY.

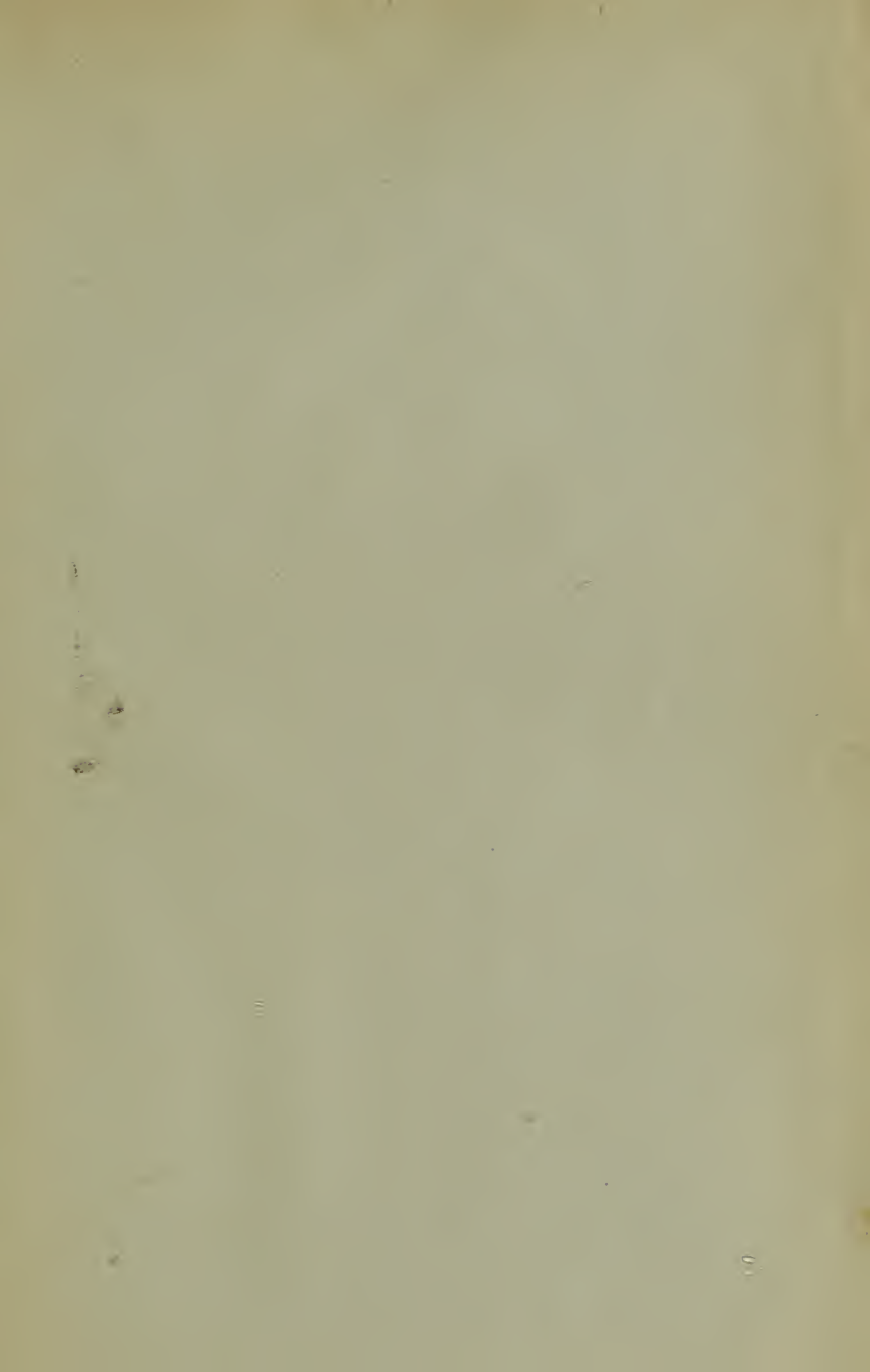
Be it enacted by the General Assembly of the State of Iowa:

SECTION 1. That section eight (8) of chapter one hundred and four (104) of the acts of the Twenty-first General Assembly, be and the same is hereby amended by adding at the end thereof the words following: "Nor to any person who practices or applies any system of treatment or healing without the administration of drugs or medicines."

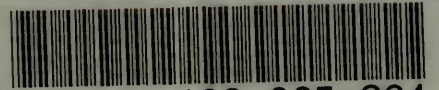
PETITION.

The undersigned, respectfully petition your honorable body, so to modify, or repeal chapter 104, of the acts of the Twenty-first General Assembly, that citizens so desiring may be permitted to employ, or apply to any person professing to heal or cure, their judgment may approve, or their preference dictate. That at least your honorable body will consider the present law, as offensive in the provision that makes it a misdemeanor to practice the art of healing without a physician's certificate or diploma, as provided in the act above referred to; and that you will so modify, or repeal it, that no one can be punished for any good done to the sick.

Associate Editor Dr. L. C. Swift is rapidly improving. He is in the mountains of Pennsylvania. For a long time his recovery was unexpected by his friends.



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